CORPORATION OF GLASGOW

Health and Welfare Department

SCHOOL HEALTH SERVICE

REPORT

ON THE

Medical Inspection and Treatment of School Children

FOR THE YEAR ENDED 31st DECEMBER, 1965

(Reprinted from the Report of the Medical Officer of Health for the year 1965).

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PREFACE

The School Health Service continues to develop apace with increased attention being given to children who by reason of physical or emotional limitations require increased supervision. Of particular value is the close co-operation between the hospital services and the school health service. The sessions held in the clinics form in effect special hospital out-patient departments, and the close linking has been of immense benefit to parents and children and to the medical and health visiting staffs.

This year the services of a consultant neurologist have become available, and an electroencephalograph will shortly be established to deal with the problem of soft neurological lesions. The recognition of minor neurological defects in the clumsy and the slow or non-speaking child helps to separate the children with specific parietal disorders from the general population of the educationally retarded.

One of the essential factors in the school health service is its close contact with maternity and child welfare and with headmasters, teachers and parents. Regular visiting of the schools by health visitor and school doctor permits the examination of children picked out by the teacher as not conforming to the pattern of healthy and happy children.

The special scheme of health education continues in a steadily increasing dimension. It is too soon to say if the scheme is influencing the customs and habits of the juveniles in the junior secondary schools, but the wide discussions taking place clarify many of their false impressions and beliefs.

Further efforts have been made to detect the child with hearing loss and help him in minimising the effects of the handicap. A few children have been directed to the aphasia class where children with speech defects are assembled and work under the expert guidance of teaching and speech therapy staff.

WM. A. HORNE,

Medical Officer of Health.

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GENERAL INTRODUCTION

This year the services of a Consultant Neurologist became available within the aegis of the School Health Service and shortly electro-encephalographic facilities will be established. This service is distinctly necessary as the problem of the " soft " neurological lesion is coming more and more into prominence. A report by Dr. Ivan Draper, Consultant Neurologist, is drawn to the attention of the reader.

During the year many courses were arranged for the school medical staff. These included one on Ear, Nose and Throat Medicine arranged for us by Mr. Iain Simpson at the Victoria Infirmary and another on Ophthalmic Medicine arranged by Dr. William Wilson at the Ophthalmic Institute. These were well attended and were much appreciated by the Staff. Notice is drawn here to the reports from Mr. Iain Simpson and Dr. William Wilson. As in previous years members of the Staff attended the Courses on Mental Deficiency and Introduction to Psychiatry arranged by the University of Glasgow. Health Education is further expanding and a report by Dr. Maud Menzies gives the details of present arrangements. During the year a Course on Teaching Methods was arranged for medical and health visiting staff. This was very successful and our gratitude is due to the Principal of Jordanhill Teachers' Training College for his interest and for making the necessary arrangements.

As a follow-up to last year's Dental Health " Happy Smile " Campaign, talks were given to all 5-year-olds and also to children aged 12, 13 and 14 who had not been covered the previous year. For those who received talks in 1964 a competition and display was circulated round all primary schools. Attention is drawn to the report by the Chief Dental Officer, Mr. Martyn Davies.

A report is made this year by Dr. Norman Logan on the state of school fabrics in many of the older buildings. Insufficient attention is at present paid to sanitation in schools. It is a mockery to teach hygiene in schools with bad sanitary conditions.

The Audiometric Survey continues to function well. Four members of the school medical staff have now been trained at Manchester and this should mean a further ready expansion of the work. In this field, the Service is well supervised by Mr. Archibald Bain, Consultant in Diseases of the Ear, Nose and Throat.

The Speech Therapy Section has been restricted somewhat this year by lack of staff. Our establishment is 16 but for a good part of the time only 11 therapists have been in post. This shortage of speech therapists is nation-wide. All therapists have the facility of a tape recorder, and two Speech Training Units are now available, one being centred at Kelbourne School and the other at Florence Street Clinic.

Physiotherapy Services are functioning at full strength. During the year the uniform worn by therapists at Kelbourne School was redesigned to make for ease of work.

The Diphtheria and Tetanus Immunisation Campaign was again very successful but numbers were down on those reported in 1964. This is to be expected as by now the great majority of primary school children in Glasgow have had their Diphtheria and Tetanus inoculations completed. In coming years immunisation will be offered to school entrants and to 10-year-old children only.

During the year, three Keystone Vision Testers were purchased by the Committee and visual surveys of total school populations are now being done. This is in addition to the normal eye testing at 5, 9 and 13 years. A great deal of extra work has been entailed at the Refraction Clinics and for a good part of the year we were fortunate to have 30 sessions per week made available in our clinics for this purpose. For this we must thank our Consultant Ophthalmologist, Dr. William Wilson, for his unfailing interest. After investigation by the Organisation and Methods Organisers, an increase of the Nursing Staff by three was sanctioned in order to expand this work further. Many children in secondary schools are poor readers and the educationists have posed the question whether these children have adequate vision.

During the year an investigation was made into the incidence of Phenylketonuria (P.K.U.) in special school children.

The year 1965 has again been one of intensive activity and development. The pattern of the work is changing ; is becoming more complex and demands nowadays a team-work approach between many specialists, the school medical officer, the general practitioner, the health visitor and many branches of the Educational Service.

It is a pleasure once again to acknowledge the support and encouragement of the Conveners and Members of the Health and Welfare and Education Committees, and to thank the Director of Education, his Staff and the Teachers for their ready co-operation in the work of the School Health Service. Without this ready co-operation little would be achieved.

I would like to thank the members of the School Health Service for their continued loyalty and collaboration. In particular, I wish to thank the many contributors to the Report for their excellent material, and Mr. James A. Stewart, Assistant Administrative Officer, for his help in collecting the statistical information.

T. SCOTT WILSON, M.D., D.P.H., D.I.H., D.P.A.,
Principal Medical Officer.

LIST OF STAFF AS AT 31st DECEMBER, 1965

(*a*) **Whole Time Staff**—

1 Principal Medical Officer ; 1 Assistant Principal Medical Officer ; 23 School Medical Officers (1) ; 1 Chief Dental Officer ; 16 School Dental Officers (2) ; 1 Superintendent Health Visitor for Schools ; 81 School Nurses (comprising 50 Health Visitors and 31 other Nurses, 10 of whom were employed as Cleanliness Inspectresses) (3) ; 13 Speech Therapists (4) ; 10 Physiotherapists (including 1 Superintendent and 3 Physical Training Teachers) (5) ; 2 Occupational Therapists ; 4 Audiometricians (6) ; 1 Dispensing Optician (seconded by the Western Regional Hospital Board) ; 5 Dental Technicians ; 4 Dental Auxiliaries ; 20 Dental Surgery Assistants (7) ; 1 Assistant Administrative Officer ; 24 Clerks (8).

(1) *Drs. Aileen Bingham and Alexander Peters were appointed* 28.6.65. *Dr. Elizabeth Primrose was appointed* 1.7.65. *Dr. John Leonard resumed duty* 28.6.65 *following completion of D.P.H.Course.*

(2) *Mrs. Elizabeth Ramsay resigned* 26.6.65, *Mr. Robert Pinkerton retired* 17.7.65 *and Mr. George Skelly died* 29.9.65. *Mrs. Maria Zurek was appointed* 3.8.65 *and Mr. Dugald Campbell was appointed* 1.9.65.

(3) 5 *Nurses were appointed and* 6 *left. In addition to the staff shown,* 6 *Health Visitors on a year's contract were employed and* 3 *Nurses were seconded from the Divisions to act as Cleanliness Inspectresses.*

(4) 2 *Speech Therapists were appointed and* 5 *left.*

(5) 1 *Physiotherapist was appointed.*

(6) 1 *Audiometrician was appointed.*

(7) 5 *Dental Surgery Assistants were appointed and* 4 *left.*

(8) 9 *Clerks were appointed and* 11 *left. In addition, temporary clerical assistance, approved by the Corporation, was obtained in the Spring and the Autumn for use in the immunisation campaigns.*

(*b*) **Part-time Staff**—

34 School Medical Officers (1) ; 1 Dental Officer ; 1 Dental Surgery Assistant ; 20 Consultants (2).

(1) *Includes* 16 *Medical Officers giving health talks in schools.*

(2) *All are seconded to School Health Service work by arrangement with the Western Regional Hospital Board* (8 *Oculists,* 6 *Aurists,* 1 *Cardiologist,* 1 *Dermatologist,* 2 *Anaesthetists,* 1 *Orthopaedic Surgeon,* 1 *Neurologist*).

Local doctors and dentists undertook emergency duties at the residential schools and at Mossbank and Balrossie Approved Schools in accordance with separate arrangements made with the local Executive Councils.

GENERAL STATISTICS

Number of Schools at 31st December, 1965.

(*a*)	Primary	210
(*b*)	Secondary	75
(*c*)	Schools for Handicapped Children	23
(*d*)	Approved Schools	2
(*e*)	Residential Schools	13
(*f*)	Nursery Schools	47
(*g*)	Hospital Schools	7
(*h*)	Agricultural Schools	1
(*i*)	Gardening Schools	1
	Total Schools Under Education Authority	379
(*j*)	Schools in receipt of Grant and under Medical Inspection	10
		389

There were also 11 Occupational Centres including one housed in an ordinary school.

The average number of children on the register of all schools was 174,738 and the average number in attendance during the year was 157,309 (90·0 per cent.).

SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

INSPECTION.

Routine medical inspection in ordinary schools was given to (1) children in the Infant Department who had not previously been inspected systematically ; (2) 13-year-olds ; (3) 16-year-olds ; (4) 9-year-olds (testing of vision only) and (5) 6-year-olds (testing of hearing by audiometricians). Vision testing of all age-groups by means of the Keystone Vision Screener was undertaken by nurses in selected schools. Routine medical inspection was also undertaken in schools and classes for handicapped children.

Other arrangements were broadly similar to those which operated last year.

TREATMENT.

A list of the school clinics and services given are as follows :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	Special Skin	Ultra-violet ray	Orthopaedic	Scabies Baths
80/90 Kinfauns Drive, W.5	1	1	2	—	—	1	—
18 Plean Street, W.4	1	—	1	—	—	—	—
4 Sandy Road, W.1	1	1	1	—	—	—	—
130 William Street, C.3	1	1	1	1	—	—	—
91 Denmark Street, N.2	1	1	2	—	—	—	—
Hyde Park School, N.1	1	1	1	—	—	—	—
15 Glenbarr Street, N.1	1	1	4	—	1	1	1
60 Avenuepark Street, N.W.	1	1	1	—	—	1	—
40 Grovepark Street, N.W.	1	—	1	—	—	—	—
2 Lochdochart Road, E.4	1	—	—	—	—	—	—
5 Craiglockhart Street, E.3	1	—	—	—	—	—	—
74 Wellhouse Crescent, E.3	1	1	—	—	—	—	—
155 Crail Street, E.1	1	1	2	—	—	—	—
23 Acorn Street, S.E.	1	1	—	—	—	—	—
10 Redan Street, S.E.	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5	1	1	—	—	—	—	—
20 Harriet Street, S.3	1	1	—	—	—	1	—
Calder Street School, S.2	—	—	1	—	—	—	—
26 Florence Street, C.5	1	1	2	—	1	1	1
Netherplace Road, S.W.3	1	1	1	—	—	—	—
74 Berryknowes Road, S.W.2	1	—	—	—	—	—	—
Fairfield School, S.W.1	—	—	1	—	—	—	—
St. Anthony's School, S.W.1	1	—	—	—	—	—	—
29 Govan Road, S.W.1	1	1	1	—	—	—	—

Other treatment facilities provided were as before.

THE DEVELOPMENT OF THE SCHOOL E.N.T. SERVICES IN SOUTH GLASGOW.

Mr. Iain C. Simpson, E.N.T. Consultant, has supplied the following historical note on the problems of dealing with E.N.T. patients South of the river.

" A long-term scheme of re-organisation was first suggested in 1949-50 in an effort to deal with the problem of the School E.N.T. Services in South Glasgow—fundamentally this consisted of the introduction of a strict area organisation and a gradual integration of the School and Hospital Services *within* that area. One Consultant was to have full charge of the School E.N.T. Service in the City, South of the river, with his own ' School ' beds at Mearnskirk and full responsibility at all stages of treatment, thus providing continuity of individual supervision. The Specialist Clinic at Florence Street was to become—

and is in fact to-day—one of the recognised and routine Out-patient units of the Victoria Infirmary ; the school child having exactly the same standing within the Department as his hospital counterpart.

The original problem was immense—not only was there a vast waiting list of T. & A. cases and a serious ' bottle-neck ' at the Specialist Clinics, preventing adequate supervision, but it had been found that a large number of ear cases attending the Dressings Clinics were in need of surgical intervention.

If this new commitment was to be faced seriously a scheme of priorities had to be introduced in the first instance. The ear problem was regarded as the most important and to provide the opportunity for a full assessment of this situation the ' bottle-neck ' at the Specialist Clinic was partially relieved by accepting T. & A. cases at Mearnskirk on the recommendation of the School Medical Officer, the patients being assessed after their admission to hospital. While by no means an ideal system it " opened up " the Specialist Clinic and left it free for the more urgent needs of ear supervision and investigation of patients referred by the School Medical Officer for specialist opinion.

The T. & A. bed turn-over at Mearnskirk was set at a level higher than required for the average weekly additions to the waiting list, but at which hospital work was not prejudiced, thus ensuring that the position would not simply remain static.

The problem of the chronic ear was then tackled—a problem which has taken some ten years to surmount !

All cases attending the Dressings Clinics were gradually channelled through the Specialist Clinic for assessment and those considered to be in need of surgery were placed on the special ear list for admission to Mearnskirk or the Victoria. An enormous amount of aural surgery was carried out at this time and indeed it is only within the last few years that the ear and general T. & A. situation could be described as under reasonable control. Throughout the years constant changes of emphasis in bed allocation have been required to balance hospital and school clinic commitments.

Since 1958 when tympanoplasty became a routine procedure—suitable cases were admitted direct to the Victoria and 20 to 25 such operations are carried out yearly on school cases. Drainage surgery, closer supervision of the " safe ears " and tympanoplasty have all played their part in the steady decline in the numbers of active ear cases attending the School Dressings Clinics in South Glasgow.

No E.N.T. Clinic is complete without access to a Chest Physician and an approach to the Florence Street Chest Clinic was met with immediate response. For many years Dr. Ritchie and his staff have helped, not only with infective chest problems, but also provided facilities for skin sensitivity tests and supervision of desensitisation courses in cases of Allergic Rhinitis.

In the early years difficulties and delays were experienced with X-rays requested at the Specialist Clinic but with the co-operation of the Radiology Department at the Victoria a service was provided with facilities for standard Sinus and Mastoid work at Florence Street.

A close working relationship has always existed between the general E.N.T. and Audiometric Clinics and two years ago an appeal was made for help with those Audiometric waiting list patients in other areas where long delays existed. It was felt that this additional commitment could be absorbed without detriment to the South Side children or to hospital patients and responsibility for this list was accepted. The waiting time has now been reduced to some four weeks.

A course in general diseases of the ear, nose and throat was organised at the Victoria last winter for the School Medical Officers and was well and faithfully attended by the staff. It is felt that further lectures might be arranged in the future on particular subjects allowing more time for teaching and discussion.

Last year the service was extended to provide E.N.T. cover for the Balvicar Centre for Handicapped Children and those requiring In-patient treatment are dealt with in Mearnskirk Hospital.

THE PRESENT POSITION IN SOUTH GLASGOW.

The School E.N.T. Service is under the care of one Consultant with charge of school Ear beds at Mearnskirk Hospital and Victoria Infirmary. There is complete continuity of supervision throughout treatment. All members of the Victoria E.N.T. Department take their share in the general T. & A. work and there is no waiting list. Straightforward T. & A. cases are still accepted on the School Medical Officer's recommendation for final assessment in hospital before operation, but it is hoped that, in the future, cover can be provided at the general T. & A. Clinics—a specialist working together with the School Medical Officer.

All ear cases are dealt with solely by the " schools " Consultant both as Out-patients and during their hospital treatment.

The Florence Street Special Clinic still deals with all ear cases and any general case referred by the school staff or Audiometric Service. There is no waiting time for consultations—a new patient is simply given an appointment for the next clinic. Any urgent case attending during the week is referred directly to the Consultant concerned at the Victoria.

The " Chronic Ear " has full priority and there is no waiting list for admission. Those selected for tympanoplasty are placed directly on the Victoria Special Ear list—it is only in this field that a real delay exists, due to numbers and limited operating time.

A number of cases arise in which the help of Plastic Surgery is required and these children are admitted to Philipshill Hospital under the combined care of the two Departments.

As an Out-patient unit of the Victoria, the school E.N.T. work in South Glasgow has been completely integrated with the Hospital Service from the clinical point of view and a balance is maintained as far as possible to cover all commitments equally.

The organisation has been slowly developed over the years with constant changes of emphasis and alterations in detail and, throughout, there has been complete co-operation between the School Service and the hospital. The day-to-day running of any such scheme, however, depends ultimately on the collaboration between the Hospital Ward and the clinic " floor " and such success as has been attained is in no small part due to the extra work undertaken and the constant support given by the School Clinic Sisters and, in particular, the staff at Florence Street."

PARTIALLY-SIGHTED CHILDREN.

In the following article, Dr. William Wilson, Consultant Ophthalmologist, analyses briefly the causes of partial-sightedness among children.

" There has been no dramatic change in the work of the School for Partially-Sighted Children (Kelvin School) during the past year. The number on the roll is sixty-two and for some years now the total has settled in this region, confirming that the disease pattern has shown little change. An analysis of the principal causes of partial-sightedness among those children is interesting and rewarding.

	Pupils
Congenital cataract	17
Albinism	11
Optic atrophy	11
Myopia	9
Retrolental fibroplasia	5
Retinal degeneration	3
Glaucoma	2
Aniridia	1
Batten-Mayou disease	1
Retinitis pigmentosa	1
Ophthalmia neonatorium ...	1

This analysis highlights the fact that few children are regarded as being partially-sighted because of myopia, yet pre-war, this was by far the commonest cause. This change is not due to an alteration in the incidence of short-sightedness, but to a change in the attitude of ophthalmologists towards the condition supported by long-term study and statistics. It is comforting to note that retrolental fibroplasia, which is caused by the excessive use of incubators and oxygen in high concentration to resuscitate newborn babies, is slowly moving down the list as the affected children leave school and no new cases are reported. Infection, with the exception of intra-uterine infection, has almost ceased to be a factor due to the use of chemotherapeutic drugs and antibiotics.

The least comforting fact is that perhaps as many as fifty-six of the sixty-two children attending are here because of some inherited defect. It would appear that preventive medicine and surgery have almost had their maximum effect and that further dramatic improvement can only come from a study of genetics and, more difficult, the application of the knowledge obtained."

KEYSTONE SCHOOL VISION SCREENER.

This apparatus was used in a selected number of schools to test the vision of the children (all ages) who were in attendance. The systematic surveying of a number of schools commenced in March, 1965.

By the end of December, 1965 the numbers dealt with and the results were as shown :

	Boys	Girls	Totals
Number tested	3,242	3,024	6,266
Number passed test	2,678	2,515	5,193
Number referred for refraction	564 (17·4%)	509 (16·8%)	1,073 (17·1%)
Number with colour vision abnormality	71 (2·2%)	24 (0·8%)	95 (1·5%)

The number of schools visited were : Approved schools, 2 ; ordinary primary, 9 ; ordinary secondary, 4 ; special schools, 4.

DERMATOLOGICAL PROBLEMS SEEN AT A SCHOOL CLINIC.

Dr. J. F. Ferguson Smith, Consultant Dermatologist, makes some interesting comments and suggestions on various aspects of the work in the following note.

" In the short time since my appointment, on 1st June, 1965, as Consultant Dermatologist to the School Health Service, it is felt that personal comment on a retrospective survey (for the year ended 31st December, 1965) would be superfluous. With the statistical pattern of skin diseases in children having altered in the past two decades a prospective survey would appear to offer greater value in future management and prognostication. This appears to me especially necessary at the school leaving age, when too many young people advance into the fields of industry and commerce dermatologically ill-advised or unadvised as to fitness for their potential working environment. It is, therefore, my intention to examine this situation, so that judicious advice can be offered to school leavers, thus avoiding or minimising such juvenile tragedies, which can and do lead to a wasted career and often to delinquency.

One still sees too frequently lack of hygiene as a contributory factor in skin disease among children ; but of increasing frequency are the domestic and scholastic psychosomatic factors in aetiology.

Some revision of ' standard skin preparations ' presently in use in some clinics would appear advantageous, and recommendations will be made with a view to greater therapeutic efficacy and economy.

It was with pleasure that, with the Principal Medical Officer, I had the opportunity of meeting the School Medical Officers for an informal, enjoyable and enlightening discussion. The value of such concourse is inestimable and inevitably to the benefit of the school children, among whom the treatment of skin diseases rates far in excess of the demands of other specialities and for whom the most effective measures should be dispensed."

NEUROLOGICAL PROBLEMS IN SCHOOL MEDICINE.

Dr. Ivan T. Draper, Consultant Neurologist, has the following observations to make on his work at school clinics :—

" During the current academic year neurological consultations have been held each month at various School Health Service Clinics. This project is to some extent exploratory, both in the material being referred and in the techniques required in the examination of these patients.

The major physical disabilities have, in general, been assessed previously and the children placed in a suitable environment. There are certain routine problems which are common to both adult and paediatric neurology. Of these, the diagnosis and control of epilepsy is perhaps the most common. There are, however, problems which are peculiar to the neurology of infancy and childhood. These include the disorders of the still developing nervous system and, in particular, the imperfect or delayed acquisition of motor skills and speech.

The recognition of minor neurological deficits in the clumsy and the slow or non-speaking child helps to separate the children with specific ' parietal ' disorders from the general population of the educationally retarded. In Denmark, in 1951, there were more than 2,500 children with delayed language skills who were receiving special training. If the incidence is the same in Scotland, there are at least 500 children with this specific disability in Glasgow.

There seems to be a need for two projects in this field :—

(1) A survey of the children at risk to ascertain the size of the problem

(2) Repeated examination of the affected children over the years,

  (*a*) to study the natural history of the specific disabilities and the development of the affected children

  (*b*) to assess the effectiveness of the various forms of therapy in current use."

MEDICAL ASPECTS OF MENTAL HANDICAP ASSESSMENT.

Dr. Robina W. Moar, School Medical Officer, has supplied the following note.

" The full range of mental handicap, from children who are unsuitable for education or training in a special school to those who require special educational treatment, is presented to the medical officer for classification.

Gross and obvious handicap, e.g. mongolism is ascertained in early years but the vast majority become apparent when placed in school, where slowness in reaching the various normal stages of development towards independence makes them unable to cope with formal education. They present as : failure to learn, failure to concentrate, difficult behaviour, etc. These are the children referred to the educational psychologist for intelligence testing and then to the doctor for possible classification. As experience is gained in assessment one learns that although the I.Q. is a useful guide many other factors must be considered together with the child's educational attainments.

The dull or backward child may be so because of frequent absences, or frequent changes of school or teachers. Over-ambitious parents may cause anxiety in the child and educational resistance may be the result. Differentiation must be made between the dull and the handicapped child.

It is not easy for any parent to accept the fact that his child is mentally handicapped and hence sympathetic understanding and counsel are important during the interview and examination. The question of cause and blame often arises and it is therefore essential that an extensive medical, social, developmental and educational history be elicited and examination made to exclude or determine possible cause for the retardation. Remedial physical defect, e.g. defective vision or hearing may be contributory factors. In the majority of cases no cause can be determined, many possibly being due to genetic or environmental factors. In some a clear history is available of maternal infection or illness in pregnancy :—birth trauma ; Rhesus incompatibility ; prematurity ; anoxia ; or early childhood infection e.g. cerebrospinal fever ; head injury, etc.

Neurological deficit may show itself as cerebral palsy, epilepsy, emotional disorders, perceptual disorders, difficulty in reading and writing. Mental handicap rarely exists in isolation, overlap of syndromes being complex and more often the rule.

Placement can be difficult where a child does not quite fit into any one category and compromise has to be made. Glasgow is well equipped compared with other places, having day centres, occupational centres and special schools ; in addition, specialised care is provided in centres outwith the City for special needs."

CHILD GUIDANCE.

The following report is given by Mr. J. Mackenzie, Depute Principal Educational Psychologist.

" In the Session ending June, 1965, the Child Guidance Service had on its active lists a total of 6,352 children, an increase of almost 5 per cent. over the previous year, and a figure almost twice the average annual figure in the period 1955-60, when the staffing situation was actually more favourable than in the past session. Attendances at clinic totalled 39,187 ; individual visits to schools reached the figure of 5,262 and on 2,258 occasions home visits were made. This last figure is almost entirely the result of work done by approximately 17 health visitors, whose part-time allocation for Child Guidance Service is of increasing value each year. A weakness is the frequent withdrawal of this allocation from various areas to meet the need for urgent physical examination, but this problem will doubtless be overcome in time. While the main body of children come to us for personality problems, behaviour disorders or intellectual difficulties, we were also asked to examine 1,628 cases under the general heading " ascertainment "—most of these were for mental handicap and approximately 300 of the total were tests of High School entrants.

From our records of Sources of Referral, about 60 per cent. come from schools, 13 per cent. from School Health Service, 12 per cent. from Special Schools Department, 5 per cent. from parents directly, 5 per cent. from Health and Welfare Department and the remaining 5 per cent. from miscellaneous sources ; this is roughly the pattern of previous years.

Mention here should be made of the huge total of clinical attendances recorded annually. As broken down in the Annual Report to the Education Department this represents a considerable measure of acceptance by Glasgow parents and schools of the kind of help offered. On the staff side it represents also a numerical picture of effort involving a great many professional people—the educational psychologist as the 'resident', the visiting school medical officer, the team of speech therapists, the health visitors already mentioned, school welfare officers, probation officers, and other social workers who may visit from time to time—all in a variety of ways making their unique contribution to this continuing service.

As in earlier reports we note the symptoms of highest incidence among the many maladjusted children dealt with—enuresis and encopresis—847 ; psychosomatic illness—434 ; temper tantrums and unruliness—576 ; shyness, inhibitions and avoidance reactions—506 ; sleeping and feeding difficulties—364 ; aggression, violence and defiance of authority—577 ; theft—431 ; weepiness and dependence—311.

Where maladjustment is accompanied by failure in one or more of the basic learning skills, the burden on the schools can be enormous and the chance of the psychologists coping adequately with such failures within the clinic becomes minimal. As a beginning towards remedying this, a Child Guidance class was started on a part-time basis at Central Clinic under a remedial teacher working closely with the local psychologist in charge. In time it is hoped to establish such groups in all our clinics—so taking a definite step towards relieving the schools in this sector of our responsibility. The next proposal is to set up a day school for maladjusted children and first steps have been taken to establish this also. Finally we look forward to an early start on the rebuilding of our residential clinic at Nerston for those children who require the kind of treatment that only removal from home can provide.

The successful team work of many disciplines has been the keynote of all Child Guidance work in Glasgow for many years. Staff changes will occur and demands to rethink our approach to the work will come on us in this age of rapid change ; but as each challenge emerges it will be met in the best interests of the community we serve.

As in other years, a fuller and detailed statement and analysis of the Child Guidance Service is offered in the Annual Report submitted to the Director of Education."

THE SCHOOL MEDICAL OFFICER IN CHILD GUIDANCE.

Dr. Stella M. B. Perry has contributed the following note on Child Guidance work from a School Medical Officer's point of view.

" The number of medical officers visiting the child guidance clinics is being augmented each year and this makes it possible to increase the number of sessions and also cut the number of cases seen at a session so that more time can be given to each case and to discussion with the psychologist.

As people settle in new housing estates they meet new problems, due possibly to isolation and lack of community spirit. Children are affected by parents' reaction or they may lack within themselves the means of coping with new situations. So the Child Guidance Service moves further out and is ready to help and advise parents and teachers. It is rewarding to find that in some areas the Child Guidance Service has quickly established liaison with the Welfare Officer, Children's Officer and Probation Officer as only with co-operation with all social services can the more serious problems be solved.

As it becomes increasingly evident that learning and behaviour problems may have their origin in organic lesions related to obstetric or genetic factors, damage caused by early injury, or infection, it is clearly advisable that all cases should be medically examined at an early stage. This should be possible with the increasing number of medical officers and the School Health Service is working to the ideal of the school medical officer being attached to the child guidance clinic in his area where he can make most use of his knowledge of children, their families and social factors."

SPECIAL EDUCATIONAL TREATMENT.

Miss B. S. Watson, Superintendent of Schools for the Handicapped, supplies the following note.

" There is a wide range of provision for all categories of handicapped children in the City.

Children attending special schools are taught the basic school subjects in small groups and by special methods. At the secondary stage curriculum is very practical and designed to meet the needs of young people looking forward to entering employment.

Those who are less able from the educational viewpoint attend occupational centres where emphasis is laid on social training in an effort to achieve as great a measure of independence as possible.

Special educational treatment is provided in Glasgow as follows :—

1. Mentally Handicapped Children
   - (*a*) 18 day schools—2,714 on roll.
   - (*b*) 1 residential school—45 short term places.
   - (*c*) 11 occupational centres—roll 426.

2. PHYSICALLY HANDICAPPED CHILDREN

(*a*) 10 day schools for children suffering from general disabilities—roll 226.

(*b*) 1 day school for severely handicapped spastic children providing 50 places for children ranging in age from 3 to 16 years.

(*c*) A nursery class for 8 children suffering from thalidomide deformities.

3. CHILDREN WITH DEFECTS OF VISION

(*a*) *Blind.* Protestant blind children attend the Royal Blind School, Edinburgh, as boarders—there are 25 at present on roll.

Roman Catholic children from the whole of Scotland attend a day/boarding school in Glasgow—there are 11 Glasgow children in a total roll of 28.

(*b*) *Partially sighted.* 1 day school provides for 62 children (Protestant and Roman Catholic).

4. CHILDREN WITH DEFECTIVE HEARING

(*a*) *Deaf.* 2 schools provide day and boarding accommodation. There are 48 Glasgow children in a total roll of 114.

(*b*) *Partially hearing.*

(i) 1 day and boarding school for Roman Catholic children with 27 Glasgow children in a roll of 47.

(ii) 1 day school with 39 Protestant children.

(iii) A speech reading unit which provides help for children who can remain in ordinary school in spite of a degree of hearing loss—there are generally about 100 children under supervision in primary, secondary and special schools throughout the City.

(In addition 2 teachers of the deaf are responsible for the testing and assessment of babies suspected of deafness—they work in co-operation with the Maternity and Child Welfare Section of the Health and Welfare Department).

5. OTHER PROVISION IN GLASGOW

(*a*) 2 classes for 16 aphasic (non-speaking) children between 3 and 8 years of age.

(*b*) A Scheme of Home Tuition for children unable to attend school because of severe physical disability. There are 28 children on roll.

(*c*) Schools are available in 8 hospitals where children are undergoing long term treatment—roll 242.

6. PROVISION MADE BY OTHER BODIES

There are groups of children, often suffering from multiple disabilities, for whom local provision is not made because of the relatively small numbers. The Education Committee has accepted responsibility for the following :—

(*a*) Physically handicapped children and those suffering from defects of hearing or vision for whom residential education is required.

2 at Mary Hare Grammar School for the Deaf, Newbury, Berks.
25 at Royal Blind School, Edinburgh.
40 at Biggart Home, Prestwick.
5 at Coltness House, Wishaw.
45 at East Park Homes, Glasgow and Largs.
11 at Carsemeadow School, Epileptic Colony, Bridge of Weir.
4 at Scotscraig School for Spastics, Paisley.
9 at Stanmore House, Lanark. (Spastics who are also mentally handicapped)
2 at Trefoil School, Hermiston.
1 at Castlecraig School, Peebles.

(*b*) Mentally handicapped children who present serious problems at home and in school may be sent to hospital for long-term treatment. The numbers at present are :—

29 at Royal Scottish National Hospital, Larbert.
2 at Lennox Castle Hospital, Lennoxtown.
19 at Waverley Park Hospital, Kirkintilloch.
1 at Caldwell House Hospital, Uplawmoor.
7 at Birkwood Hospital, Lesmahagow.
19 at St. Charles' Private Hospital, Carstairs.
1 at St. Joseph's Hospital, Rosewell.

AFTER CARE OF HANDICAPPED PUPILS

This is the responsibility of Health and Welfare Department, but under Further Education, evening classes are provided for former pupils of our schools for deaf, partially hearing and mentally handicapped children.

Training for employment is provided for 6 severely physically handicapped young persons at the James Little Training College for the Disabled, Crossbasket House.

Clubs for young people who formerly attended occupational centres are also available."

EXAMINATION OF MENTALLY HANDICAPPED PUPILS.

The number of children specially examined by School Medical Officers during the year regarding mental defects was as follows :—

	Boys	Girls	Totals
First Examinations	423	279	702
Re-examinations	1,027	787	1,814
	1,450	1,066	2,516

HEALTH EDUCATION.

Dr. M. P. Menzies, Assistant Principal Medical Officer, reviews the position in the following note.

" Our special scheme of Health Education begun in 1960 continues in a steadily increasing dimension. In addition to our school health visitors who continue with their enthusiasm and interest to occupy a large place in the scheme, we have been given permission by the Corporation to augment our medical staff by twenty doctors who have been employed on a part-time basis specifically for health education purposes. Many of these are married women doctors who learn quickly from us what is required for this type of discussion group teaching and who bring to it the benefit of their own experience in the needs of children and young people. In this group we have had the benefit of help from several male medical officers, at least one of whom is actively engaged in general practice. Several other general practitioners during the year have sought work from us on a part-time basis but the hours of work were found to be incompatible with their own practice needs. The contribution from the male medical officers is particularly valuable for certain groups of boys.

The scheme has covered forty-three secondary schools, and fourteen primary schools. This is a steady increase. Three schools for mentally handicapped pupils have had classes, and the two approved schools under the management of the Corporation. In our ten Further Education Colleges we have operated health talks in combination with the Student Health Service which we provide, as well as arranging for additional intensive series on specially selected subjects. The students attending these colleges are training for a very wide field of activities and our programmes have varied from the more straightforward themes of growing up into the adult community to health problems encountered in the tropics for boys who will go to sea, frequent requests for knowledge on the problems of venereal disease, the use of the 'pill', and instructions to girls on housekeeping. It is now becoming a practice for three or four girls to take furnished rooms or a small flat and they want to know about the right kind of food they should provide for themselves, how to budget their money and in general how to make a success of this kind of living.

This year has been noteworthy for the increase in number and depth of content of talks given to adult groups by members of our permanent staff. Talks to Young Mothers' Fellowships, Women's Guilds, Townswomen's Guilds, have taken senior members of staff to scattered areas in other counties. Mothers of senior girls, bewildered by the behaviour of their growing daughters, have sought help by having the senior woman teacher of their schools arrange meetings with senior female medical staff to enable them to discuss their problems and to receive guidance and co-operation. These problems are often a matter of real worry to the mothers, brought home to them by a girl of fifteen years becoming pregnant or by seeing a contraceptive device fall out of a daughter's handbag and being told that 'you cannot expect the boy to pay for them all the time'.

With our own greater sophistication gathered from our years of experience we have been taking a critical look at visual aids. While we do produce many visual aids ourselves, the coloured sound film is of very real value. The few well known American films which we have been able to buy are excellent but we are no longer able to obtain these either by purchase or by hire. Our British films are grossly out of date, long skirts, dated hair styles, even food rationing, do not provide a convincing teaching situation.

If Health Education is going to extend, as it must, both thought and finance must be provided to produce films geared to modern conditions and with the understanding that after three years films cease to be 'modern'.

For the first time we arranged health education classes for five/six-year-olds in one Infant Department and this proved an interesting and well worthwhile experiment. The arrangement was made at the request of the teachers and their co-operation had much to do with the success. With the coming of our Education Television Service it was decided to prepare a programme of ten lessons for five/six-year-old children. A small committee, composed of our medical staff, locum and permanent, together with our health visitors and representatives from the Infant Mistresses Association, worked on the preparation of these ten lessons, building up teaching content and visual aids. Screen and voice tests have been made, one of our health visitors selected to be ' the teacher ', and we are now ready to put our ten lessons ' into the can ' for beaming out to Infant Departments next year."

HEALTH EDUCATION IN FURTHER EDUCATION COLLEGES.

Dr. James R. M. Murdoch, School Medical Officer, provides the following note concerning the work of a School Medical Officer in Further Education Colleges.

" This year more time has been allocated to work in the Further Education Colleges. This extra opportunity has been used to advantage in the field of health education.

There is no doubt about the interest shown in how the human body functions, its basic needs, its capacity for repair and its ability to perform complex functions. The subject is an easy one, but the presentation can be difficult. There is the tendency to use terminology which is foreign to the hearer, yet the students appear to absorb with great interest what they are told. Some have a superficial knowledge of things medical gleaned mainly from television and are keen to know more. This knowledge provides a useful starting point for the talks.

Visual aids and films have their place in the health education programme. An attempt is made to prepare the students for the films in the course of the talks. As always there is the desire to know ' the facts of life ', and this topic invariably arises at some point in the course. Once introduced, it is difficult to channel their thoughts in other directions.

It is hoped that some of the points raised in the talks and discussion will help the students to realise the reasons for some of the statements we make regarding their health and welfare."

SPECIAL CARDIAC CASES.

Dr. Rogen, the Heart Specialist from Stobhill Hospital, again attended school clinics for the purpose of examining school children specially referred by school medical officers and recommending any necessary treatment.

Dr. Rogen comments on the work as follows.

" Recently a new Cardiac Department was opened in Stobhill Hospital which has made our duties and commitments much more easily carried out and we are happy to extend this service to the school children referred to me by the school medical officers.

Our range of investigations has increased further and we are now almost self-supporting as far as cardiac investigative work is concerned. My impression is that fewer children with significant organic heart disease are being picked up for the first time at the cardiac clinics and this, I should think, is due to the increased awareness of family doctors of the surgical possibilities in the treatment of congenital heart disease. As a result, children with doubtful or significant abnormalities are being referred for advice at an earlier age, even before starting school, to centres dealing with these problems, for example to the Sick Children's Hospital. However, the volume of work and the incidence of positive findings is still at a high enough level to make the service most worthwhile.

The acquisition of an electrocardiograph machine available at each of the cardiac clinics has proved of great assistance. Before this was obtained an appointment had to be made for the parent to attend with the child at Stobhill Hospital for the electrocardiogram to be done and then the parent had to be recalled at my next visit to the appropriate clinic to be told the result. Having the tracing done at the time of the original attendance allows the parent to be given as full information as possible at the one visit. As a result two journeys are cut out and perhaps, most important, up to the minute information is given right away. The highly competent Sisters who work with me were each trained in the recording of the tracings during a week's secondment to Stobhill. I am grateful to them for their co-operation and efficiency."

ORTHOPAEDIC AND POSTURAL DEFECTS.

Mr. Guest, Orthopaedic Consultant, supplied the following note regarding the work for the year ending 31st December, 1965.

" The figures for admission and operation at Mearnskirk Hospital this year show a considerable drop in numbers. This reflects, partly, the fact that many of the children who have been under observation and treatment for disabilities following attacks of poliomyelitis are now leaving school and entering employment and although still under observation do not figure in the school clinic returns. Also minor procedures such as manipulation of the foot followed by stabilisation have been omitted from the figures.

The School Physiotherapy Service is now at full strength and this means that more attention can be paid to the children after they leave hospital.

A new factor has been the expansion of work at the Balvicar Street Assessment Centre which is visited by the consultant orthopaedic surgeon who assesses the children there who receive physiotherapy when needed. An interesting factor has been the considerable number of cases of spina bifida with paralysis of the legs encountered at this Centre. By careful treatment and training these children can be taught to walk and to control their normal incontinent bladder and bowel. One such boy who has reached school age now attends a normal school.

Work at Kelbourne Spastic School has been continued and the nursery centre there, especially, has been used to capacity for the assessment and early training of children suffering from cerebral palsy. The panel of consultants has continued to hold regular sessions to assess new children for entry to the school, and to assess the progress of children in the school aided by reports from the therapists and teachers.

There were 106 children admitted to Mearnskirk Hospital on one or more occasions during the year. Of these 18 were admitted for investigation or exercises. Of the others, 88 operations were carried out as detailed below.

Diagnosis of the 106 cases discharged was as follows :—

Foot deformities, 59 (congenital 5, acquired 7, post poliomyelitis 31, spastic 16). Other conditions due to poliomyelitis, 15 ; torticollis, 3 ; muscular dystrophy, 7 ; cerebral palsy, 12 ; knock-knees, 1 ; osteomyelitis, 1 ; rickets, 5 ; miscellaneous, 3.

Operative treatment was given as undernoted :—

Manipulations, including tenotomy of the plantar fascia, 17 ; elongation of tendo achilles, 19 ; tenotomy for torticollis, 3 ; tendon transplants, 10 ; stabilisation of foot, 6 ; correction of toe deformities, 8 ; stapling for shortening, 18 ; stapling for knock-knee 1 ; miscellaneous, 6 ; total operations, 88.

The average stay in hospital was 29 days.

Number on the waiting list on 1.1.66 was 26."

AUDIOMETRIC SURVEY UNIT.

The following report has been prepared by Dr. Margaret Dunn, School Medical Officer.

" During the past year the Department has pursued its routine work, patterned broadly on the lines of the previous year, always keeping in view the idea that all efforts must be made to detect the child with a hearing loss and to help him minimise the effects of this handicap.

In this age of technology it is not sufficient to supply a deafened child with a hearing aid without ensuring that he is afforded all ancillary help in establishing and promoting language development. Further, he has to be trained educationally and socially in order that he may fit acceptable adult standards. In this context I should like to note the continuing excellent co-operation between the Speech Reading Unit, Audiology Unit, Child Guidance Clinics, Speech Therapists, Head Teachers and Staffs, with this Unit.

Many more cases of children with communication difficulties are coming to the notice of the Unit, and thus the field of activities of the team are extending along certain lines. For example, with the link between the Unit and the Audiology Unit, now in the Balvicar Centre, being well established, the case conference work is developing with respect to children with severe speech problems. In that Centre, such a child can have a full physical and mental assessment by the public health medical officer, with further investigation by the paediatrician, psychologist and neurologist. The audiometric unit team consisting of the otologist, public health medical officer and health visitor assess the hearing and thereafter a case counselling session takes place to determine the best placing for the child. The advisability of promoting this team approach cannot be too highly stressed, for only by a comprehensive examination can a diagnosis and suitable placing be made.

This aspect of the Assessment Centre and team work was stressed in the written and oral evidence given by me to the Working Party on Children with Hearing Defects at St. Andrew's House, Edinburgh, to which I was honoured to be asked to contribute.

In my view the working cadre of the team in the Assessment Centre, as regards hearing investigation, is the otologist, specially trained public health medical officer, health visitor and audiologist.

From these case counselling sessions a few children have been directed to the ' Aphasia ' class where children with dysphasia, aphasia, and other speech difficulties are assembled. In this situation, under the expert guidance of the teaching and speech therapy staff, continuous long-term educational progress records can be made and medical re-evaluation assisted. Placings must be considered as flexible, and where the difficulties are multifactorial, the relative weighting of each handicap must be kept in view. It seems likely that the detailed pre-natal and natal histories of most of these children will yield the clues to the causal factors of their conditions, and wide knowledge of language development and of paediatrics and hearing is required to correctly assess these cases. Pure tone testing in itself does not give all the information about the child's ability to hear and understand speech.

The availability of the services of the consultant neurologist is a valuable asset to the Unit and already some of the children with severe speech disorders in the 'Aphasia ' class have had his advice. A neurological report too, will be most helpful in the further investigation of the deaf adolescent showing behaviour problems. This, plus an electro-encephalogram may shed more light in all these cases on diagnosis in depth. In this context the value of the Enhancetron computer would appear to be a further extension in aiding evaluation in these most difficult cases.

An interesting feature this year was a staff refresher course in ear, nose and throat work, given in the Victoria Infirmary by an otological team. The Audiology Unit was honoured in being asked to contribute a paper on Audiometric Surveys which was illustrated by colour slides.

The Consultant Otologist to the Unit participated in a Post Graduate Medical Television project on Ascertainment of Deafness in Young Children, when illustrations were given from classroom scenes in the Glasgow schools for the deaf.

A survey of children in classes for physically and mentally handicapped pupils is nearing completion. Several children have been issued with hearing aids but, to date, it was not felt that the classification of these children should be altered.

It is interesting to note the changing pattern in the intake into the schools for the deaf and partially deaf, both as regards numbers, and causation of deafness. For some years there has been a downward trend in new admissions to these schools and many reasons for this can be postulated. It may be that certain outside areas now deal with their own cases. Some children are now held in the ordinary school with the support of the speech reading unit ; indeed, there are about 150 children with hearing aids in ordinary schools. Some of the diseases causing deafness have virtually been eliminated, for example, tuberculous meningitis ; gamma globulin is given to a pregnant woman who is a rubella contact at the vulnerable point in pregnancy, and rhesus incompatabilities are dealt with before damage is done.

The whole of this field offers unending scope for investigation and research, not only in speech and hearing but in paediatrics and child neurology.

I would end by thanking every member of the Unit for all their efforts, as only with their co-operation and team spirit, is all the work made possible."

HYGIENIC CONDITIONS OF SCHOOL PREMISES IN GLASGOW.

This short summary of conditions found at general inspection of schools has been contributed by Dr. Norman H. Logan, School Medical Officer.

" Although over 100 school buildings have been erected in Glasgow since 1945, 200 or so older ones are still in use. Some have surprisingly modern features : one, ninety years old now, has a swimming pool and a gymnasium for each sex ; over 50 years ago one local School Board was providing a gymnasium in every school and a cloakroom (with wash-hand basin) attached to every classroom. But, finance has been lacking for modernisation ; their big drawback, by to-day's standard, is that so few have acceptable toilet accommodation. The systematic installation—urgently required—of modern, heated toilets, and adequate washing facilities should be undertaken now : probably about a third of these sound, old stone buildings will be used for many years, and the preaching of ' Health Education ' to pupils under the present circumstances remains largely lip-service.

The new, more practical, Primary Curriculum makes the provision of a sink in every classroom even more desirable ; for young children to learn, and maintain, good habits of cleanliness—and to conserve the supply of water, soap and towels—direct supervision is needed. In infant classes, this is essential. The ' captive ' type of continuous roller towel has the least drawbacks in practice.

Many ' temporary ' wooden structures, with open verandahs, have now been in use for 30 to 35 years. They have rudimentary washing facilities (generally, no piped hot water), unroofed, unheated, unflushed, outside toilets and tiny cell-like staffrooms. Many children spend half their school life in such unsatisfactory conditions. If a definite, and not-too-distant, date cannot be given for their vacation, better hygienic facilities ought to be provided—the provision of expensive equipment, in some, for other purposes, takes place.

Dining rooms provided by conversion (of one or more classrooms) are generally satisfactory ; those in hired, outside accommodation (a small number) are the least so. Several others are housed in adapted hutted accommodation built in 1948, with one-brick thick walls and concrete floors ; massive condensation here can cause deterioration of paintwork and a drab depressing interior ; in these extractor fans are beneficial. In some schools, the dining room staff have no cloakroom accommodation.

Some gymnasia still have no sprays or adequate changing accommodation. In some new schools, water pools on the shower room floors, due to its inadequate slope, and lack of gutters. In the open-air schools of the 1930's, pupils in P.T. kit have to pass outside to reach the showers or the (unheated) changing rooms. That type of school, however, has the best medical facilities. Both the (large) examination room and the waiting room have outside access and an intercommunicating door (which cannot be said of some new schools). The poorest are single rooms, opening sometimes to verandahs ; the unavoidably frequent opening of the door makes it impossible on cold days to keep up the recommended 65°F. ; much time is consumed while pupils undress and re-dress ; no ' circular ' movement is possible with large numbers.

A disused staffroom with toilet attached is often provided. The conversion of one large classroom to a medical suite would be a more satisfactory alternative.

Some accommodation designed for medical use (including one new school's waiting room) has been appropriated exclusively for other purposes.

In some new schools, one almost entirely clear-glass wall in the medical room makes curtains essential for any privacy. Many rooms are too small for eye-testing ; some lack direct access to both waiting room and corridor. Playground shelters, often wanting, are surely desirable in this climate. The absence of lockfast cloakrooms is also complained of.

Lacerations due to sharp edges of bricks could be avoided if bricks with rounded angles were used on exposed corners.

Cleanliness is well attended to by janitors and cleaning staff but in some playgrounds open bunkers of coal are still to be found."

NURSERY SCHOOLS.

Dr. Menzies supplies the following note on the work during the Session.

" For some time the nursery schools have experienced the disappointment of having large waiting lists of mothers clamouring to have their children admitted with no means of accommodating this demand.

In nursery school education a child can be admitted any time after the second birthday and then remains until commencing school at five years of age. Accommodation is accordingly very limited. In an endeavour to meet the problem, several of the schools arranged to take children on a half-day basis. Whether this will provide as great a benefit to the child in social and educational development has yet to be evaluated, but it has entailed an alteration to the patterns of medical visitation. Previously afternoon visitation was discouraged because the children slept after their mid-day meal for an hour or two ; now visits have been changed and increased so that all the children have the benefit of medical and health visitor supervision.

Apart from minor outbreaks of dysentery the health of the children has remained satisfactory and no major epidemic has been recorded either in the schools in the City or at Southannan Residential School, Fairlie, where groups of children, together with members of staff from the nursery schools, go routinely to the Clyde Coast for holidays. This arrangement is offered to nursery schools on a rota basis and Southannan is filled all the year round.

The value of work done in our nursery schools is greatly appreciated in medical circles. We see so many pre-school children who would benefit both in emotional and physical health from nursery school training, but the size of the waiting list constitutes the great drawback. The little girl who was reported last year having been blind following tubercular meningitis made a complete recovery of visual acuity and as a result of nursery school disciplines was able to enrol in ordinary school.

Special nursery classes continue for spastic children, for the deaf and partially hearing child and for the aphasic.

In these classes special educational and medical assistance are provided : for the spastic, hydrotherapy and physiotherapy ; for those with hearing loss, training with hearing aids and teacher trainers to produce speech ; for the aphasic, the daily attendance of a speech therapist.

This year we took steps to follow up the thalidomide children in our midst and a nursery class was set up for them. As are all the other children in these special grades, they are brought to school by the school bus. Where necessary, physiotherapy is provided. A visit to this class is one of the most stimulating experiences. The children quickly learned to work and play together and they are a happy, busy group. We hoped in initiating this class that we would help these children whose experience so far had varied from hospital to the shelter of their homes to learn how to live normally in the community and we have been encouraged so far by the success being met with."

During the year ended 31st December, 1965, children in the nursery schools to the number of 1,748 (876 boys and 872 girls) were subjected to " routine " inspection. The results are detailed below.

ROUTINE INSPECTION—NURSERY SCHOOL CHILDREN.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS (SEE TABLE 1A APPENDIX FOR FULL DETAILS OF HEADINGS).

Nature of defects found	Boys	Girls	Totals	
Uncleanliness of head (nits)	—	11	11	(0·6%)
Skin conditions of head or body	27	21	48	(2·7%)
Defective nutrition	7	7	14	(0·8%)
Mouth and teeth unhealthy	5	2	7	(0·4%)
Naso-pharyngeal conditions	118	91	209	(12·0%)
Eye diseases (including strabismus)	26	23	49	(2·8%)
Defective vision (for refraction)	2	—	2	(0·1%)
Ear disease (including defective hearing) ...	3	3	6	(0·3%)
Defective speech	21	6	27	(1·5%)
Mental and nervous conditions	10	6	16	(0·9%)
Defects of circulatory system	27	31	58	(3·3%)
Pulmonary conditions	43	46	89	(5·1%)
Deformities	55	23	78	(4·5%)
Other diseases or defects	16	20	36	(2·1%)

CLASSIFICATION OF NURSERY SCHOOL CHILDREN ACCORDING TO REMEDIABILITY OF MAJOR DEFECTS FOUND IN THE INDIVIDUAL CHILD (SEE TABLE II FOR FULL DETAILS OF HEADINGS).

Classification	Boys	Girls	Totals	
Free from defects	555	616	1,171	(67·0%)
Defects of vision or oral sepsis	14	7	21	(1·2%)
Temporary ailments	168	150	318	(18·2%)
" Curable " defects	100	80	180	(10·3%)
" Improvable " defects	38	17	55	(3·1%)
Defects " not improvable "	1	2	3	(0·2%)
Totals	876	872	1,748	(100·0%)

ADDITIONAL INFORMATION—NURSERY SCHOOL CHILDREN.

Parents were notified of defects found in 196 instances, 36 (2·1 per cent.) of these being due to clothing, cleanliness, or minor dental defects, 160 (9·1 per cent.) being in respect of other defects. School Medical Officers also noted 41 cases (2·3 per cent.) for re-inspection as a result of defects observed in clothing or cleanliness, or for minor dental defects, and 320 children (23·0 per cent.) having other defects. " Sound teeth " was recorded in 1,323 cases (75·7 per cent.), 1,316 pupils (75·3 per cent.) were recorded as having had complete diphtheria immunisation and 1,053 (60·2 per cent.) as having been successfully vaccinated or re-vaccinated against smallpox.

HEALTH VISITING AND NURSING SERVICE.

Miss J. S. Ferguson, Superintendent Health Visitor for Schools, summarises the work for the year as follows.

" At the end of 1965 the number of health visitors was fifty-one and the number of nurses without health visitor's certificate was thirty-one.

Health visitors made 14,326 domiciliary visits ; 6,223 school visits for routine medical inspection ; 572 visits to nursery schools and occupational centres ; 9,980 attendances at clinics ; 332 attendances at Child Guidance Clinics ; 785 attendances at schools for health teaching.

Nurses gave 6,775 attendances at treatment clinics; 2,297 attendances at handicapped schools ; 2,917 attendances at schools for cleanliness inspection ; 703 attendances at schools for poliomyelitis vaccination ; 120 attendances at schools for Keystone Vision Testing.

Seventeen health visitors continued domiciliary visiting for the Child Guidance Clinics, to gain information and ascertain conditions in the home as they affect the child. A number of these visits are made in the evening to interview working mothers or both parents.

All burns and scalds accidents to school children who attend hospital, are visited and information gained and advice given regarding safety precautions (analysis on page 154).

School children who are absent from school for long periods and given home tuition are visited at regular intervals and supportive help given on request.

All schools for handicapped children, which do not have full-time nurse, are visited weekly by a health visitor, and homes of children giving concern to teacher, visited on request.

NATIONAL CHILD DEVELOPMENT SURVEY.

Two hundred and seventy-two children of 7 years of age were visited to gain factual information for this survey. 103 young people aged 17 years were visited in the evening as this was the number left from the original National Survey begun twelve years ago.

HEALTH EDUCATION.

Twenty health visitors took part in the programme of health teaching within the school curriculum.

EXTRA MURAL ACTIVITIES.

Five hundred and fifty girls were given instruction in Child Care for the Bronze, Silver and Gold Medal Awards in the Duke of Edinburgh Award Scheme.

Talks on varying themes are given to Women's Guilds, Girls' Guildry, and other organisations on request."

ACCIDENTS TO SCHOOL CHILDREN.

SURVEY OF BURNS AND SCALDING ACCIDENTS, 1st JANUARY—31st DECEMBER, 1965, AS CONDUCTED BY HEALTH VISITORS OF THE SCHOOL HEALTH SERVICE.

TABLE 1.

NUMBER OF ACCIDENTS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns—				
Outdoor	38	7	23	3
Indoor	30	21	10	11
Scalds—				
Outdoor	—	2	6	1
Indoor	47	39	28	36

TABLE 2.

COMMON TYPE OF BURNING ACCIDENTS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Fireworks and bonfires	25	7	15	3
Fires (open or electric)	13	15	2	4
Laboratory accident at school ...	5	—	3	—
Clothing catching fire	2	—	—	—
Faulty plugs or appliances	5	1	3	1
Cookers	7	1	3	3
Electric iron	3	—	—	—
Matches or paper	8	2	—	—
House on fire	—	—	—	1
Others (e.g., hot ashes, hair lacquer, petrol)	—	2	7	2

TABLE 3.

RESIDUAL DISABILITIES.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns from live electric wire in empty house	1	—	—	—
Burns from live flex attached to electric plug	1	—	—	—
Loss of index finger—electric fire ...	—	—	—	1

TABLE 4.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Deaths—				
Burns from gas oven	—	1	—	—

TABLE 5.

BY SOCIAL CLASS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns—				
No father	6	2	2	—
Professional	—	—	—	—
Clerical	2	—	5	2
Skilled	25	13	11	6
Semi-skilled	14	—	4	4
Labourer	21	13	11	2
Scalds—				
No father	1	2	2	8
Professional	—	1	—	—
Clerical	4	1	3	3
Skilled	21	15	12	12
Semi-skilled	9	7	15	7
Labourer	12	15	2	7

TABLE 6.

ACCIDENT PRONENESS.

Children who have had previous accidents within last 2 years.

5-10 years		10-15 years	
Boys	Girls	Boys	Girls
20	7	11	5

TABLE 7.

PERIOD OF YEAR ACCIDENT OCCURRED.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
January	7	6	7	4
February	12	7	2	3
March	10	4	3	4
April	9	9	7	12
May	7	2	4	4
June	8	5	2	3
July	7	4	7	3
August	7	7	6	5
September	5	4	11	4
October	17	6	12	3
November	18	12	5	1
December	8	3	1	5

TABLE 8.

HOUSING OF PARENT OR GUARDIAN.
(HOME ACCIDENTS ONLY).

	5-10 years		10-15 years	
Rooms	Boys	Girls	Boys	Girls
1	3	5	2	1
2	20	21	3	2
3	25	12	20	16
4	22	19	12	21
5 + ...	7	3	1	7
Unable to locate	8	7	7	5
No information available	5	3	2	1

SPEECH THERAPY.

The following report has been supplied by Miss D. McKirdy, Senior Speech Therapist.

" Despite shortage of staff during the past year, speech therapy was started in the School for the Deaf, Parkhouse and St. Vincent's initially on an experimental basis. Owing to further reduction of staff, Parkhouse and St. Vincent's had to be dropped from the time-table. Weekly visits continued at the School for the Deaf where individual treatment was given to children in the first class with very close contact and co-operation with the class teacher.

After some trial and error it was decided to give group therapy to classes II, III and IV with the class teacher observing and carrying out similar daily treatment till the therapist's next weekly visit.

A second speech audiometer was supplied to Florence Street Clinic and this is in general use by all speech therapists who use it as and when the need arises with partially deaf and delayed speech cases.

Weekly visits to the Child Development Centre in Balvicar Street started this year. Selected children are on weekly therapy and some time has also been spent in assessing other children as to their suitability for speech therapy. In other cases, parents have been advised on how to help their children with speech problems and progress is checked at intervals ranging from six weeks to three months."

The work of the speech therapists during the year is summarised as follows :—

	Advice only	Cases treated	No. of treat-ments	Home visits	School visits
Children attending—					
Schools for Physically Handicapped	—	71	1,206	35	All seen in school
Schools for Mentally Handicapped	—	301	4,310	99	All seen in school
Spastic School	—	21	1,101	—	All seen in school
Ordinary School	269	1,361	18,332	122	327
Pre-School	141	179	2,210	22	—
Aphasic Unit	—	20	2,525	23	—

IMMUNISATION CAMPAIGNS IN SCHOOLS.

Diphtheria and Tetanus

In the early part of the year (January to March) the usual campaign in schools to protect children against diphtheria and tetanus was again organised and carried out. Two injections of the combined diphtheria and tetanus toxoid were given primarily to children aged five and six, and two doses of tetanus toxoid alone to children from nine to eleven years. Booster doses were also administered where appropriate.

Injections given by School Medical Officers were :—

Diphtheria and Tetanus			Tetanus only			Total
First	Second	Re-inforcing	First	Second	Re-inforcing	Doses
7,868	7,174	9,114	12,157	11,495	17,582	65,390

Poliomyelitis.

A " drive " to protect children of five and six years of age against poliomyelitis was conducted in schools from 28th September to 17th December. Three doses of oral vaccine were given with an interval of four weeks between each. A fourth dose was given to primary children who had received three doses in the previous year's campaign.

Oral doses administered by school nurses were :—

First	Second	Third	Re-inforcing	Total Doses
3,477	2,997	2,587	16,148	25,209

PREVENTION OF TUBERCULOSIS.

B.C.G. VACCINATION.

The annual campaign in schools was conducted in November and December, 1965, and the results are given in the section on Tuberculosis.

MASS RADIOGRAPHY.

The School Health Service continued to arrange with the Mass Radiography Centre, Elmbank Street, for the X-raying of pupils attending Glasgow schools.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service, has submitted the following report.

" During the year, 853 boys and 787 girls, a total of 1,640 pupils found to be positive as a result of the Mantoux survey, were X-rayed for the first time. 1,105 boys and 995 girls, a total of 2,110 children, Mantoux positive a year previously, were re-X-rayed.

Compared with 1964, active pulmonary tuberculosis was less frequent in children X-rayed for the first time and no cases were found in those children attending for re-examination.

Of the 1,640 children X-rayed for the first time, 1 boy (1·1 per thousand) and 2 girls (2·4 per thousand), a total of 3 children (1·8 per thousand) had active lesions. No active cases were found in the 2,100 children re-examined.

Five (3 per thousand) of the primary examination group and 6 (2·8 per thousand) of the re-examination group had inactive pulmonary tuberculosis.

Five previously diagnosed cases of pulmonary tuberculosis were examined in each group, an incidence of 3 and 2·3 per thousand in the primary and re-examined groups respectively.

It may be that these figures are not strictly comparable with previous years as I understand about 450 children with highly positive Mantoux reactions were referred direct to the area Chest Clinics for prophylactic chemotherapy.

I am not in a position to know whether any of this group were found to have lung lesions.

In the course of the visits to the various schools, 237 boys and 188 girls, a total of 425 pupils who had had no Mantoux tests were X-rayed. Of these 1 boy and 4 girls had evidence of healed primary tuberculosis and 2 boys and 1 girl had known tuberculous conditions."

SURVEY OF FURTHER EDUCATION COLLEGES.

In October/November, 1965, the Mass Radiography Service, Elmbank Street, X-rayed 4,209 students (3,128 males and 1,081 females) attending five Colleges for Further Education. Forty (33 males and 7 females) were recalled for large film. Staff to the number of 135 (74 males and 61 females) were also examined, 3 males and 3 females being recalled for large film. The results were as follows :—

	Students	Staff
Active pulmonary tuberculosis	2	—
? Active pulmonary tuberculosis	1	—
? Inactive pulmonary tuberculosis	1	—
Inactive pulmonary tuberculosis	2	—
Known pulmonary tuberculosis	2	2
Pulmonary fibrosis	1	—
Pleural thickening	1	—
? Bronchiectasis	1	—
Cardiac enlargement	1	1
	12	3

The recorded incidence of pulmonary tuberculosis (1·9 per thousand) among the students was satisfactorily low and was consistent with present day findings in comparable groups examined elsewhere.

SURVEY OF OCCUPATIONAL TRAINING CENTRES.

On 25th and 26th February, 1965, the Mass Radiography Service, Elmbank Street, X-rayed trainees and staffs of Killearn Street and South Portland Street Occupational Training Centres. Altogether, 136 trainees (90 males and 46 females) and 17 (7 males and 10 females) members of staff were X-rayed, 3 being recalled for large film.

The results were :—

	Trainees	Staff
Inactive pulmonary tuberculosis (known)	—	1
Bronchial thickening	1	—
Acquired heart condition	1	—
	2	1

TEACHERS SICK PAY REGULATIONS.

During the year ended 31st December, 1965, teachers to the number of 2,284 (1,242 males and 1,042 females) were X-rayed. The space between examinations is now two years in place of the former one year.

The numbers recalled for large film and those X-rayed and reported on by chest physicians were 66 men and 58 women, the diagnoses being as shown :—

	Males	Females
Active pulmonary tuberculosis	2	1
Inactive pulmonary tuberculosis (including calcified or fibrotic conditions)	19*	20
Inactive pulmonary tuberculosis (pleural thickening)	2*	1
No apparent defect	37	30
Old thoracoplasty—remaining lung clear	1	3
Bone defects	2*	—
Chronic bronchitis and emphysema	4*	2
Bronchial carcinoma	1	—
Healed simple inflammatory	—	1
	68*	58

* 2 appeared in two categories.

One hundred and sixty-seven Reports on cases being kept under observation were also received from chest physicians—80 for male teachers, 83 for female teachers, 1 on a nursery assistant, and 3 on an occupational centre assistant.

RESIDENTIAL SCHOOLS.

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence varied according to the needs of the individual child and averaged four weeks for the normal child, four to eight weeks for convalescents and two weeks for nursery children.

(i) NORMAL	
Achnamara, Lochgilphead ...	48 Protestant boys and girls (Secondary, 1st year).
Dalguise, near Dunkeld ...	48 Roman Catholic boys and girls (Primary V, VI and VII).
Galloway, Wigtown	112 Protestant boys and girls (Primary V, VI and VII).
(ii) CONVALESCENT	
Agnes Patrick/Stevenson, Ascog	58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintraive ...	36 Protestant boys (8-15 years).
Castle Toward, by Dunoon ...	100 Protestant boys and girls (8-15 years).
Craig, Kilmarnock	56 Roman Catholic boys (5-12 years).
Hillfoot, Bearsden	45 Protestant mentally handicapped children (8-14 years).
Lumsden, Maybole	29 Roman Catholic girls (5-12 years).
Seafield, Ardrossan	68 Protestant boys (5-12 years).
South Park, Ascog	28 Protestant girls (5-15 years).
Fornethy, near Alyth	74 Protestant girls (5-12 years).
(iii) NURSERY	
Southannan, Fairlie	36 Protestant and Roman Catholic boys and girls (2-5 years).
(iv) HOMECRAFT	
Nerston, near East Kilbride ...	20 Protestant and Roman Catholic girls (14-15 years).

ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN.

These arrangements are under the administration of the School Welfare Section of the Education Department.

(*a*) ADMINISTRATION AND NATURE OF MEALS.

On 31st December, 1965, there were 118 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in October, 1965 (Friday, 29th October), the total number of dinners served was 80,616 of which 21,277 were supplied free.

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In nursery schools dinners and teas were served, while a Health and Welfare Day Nursery received breakfasts, dinners and teas.

Choice of menu has been extended and is at present operating at 12 schools. The service is cafeteria type and the pupils have a choice of two or three main dishes, two vegetables and two or three sweets. This has proved successful both in primary and secondary schools and it is hoped to extend it to other schools. The success of this service depends to a large extent on the co-operation of the Head Teacher and his staff as good discipline in the dining-room is essential.

The meals were served in 405 dining-rooms, 372 of which were on school premises, the remainder being in church and other halls.

(*b*) NUMBER AND COST OF MEALS.

The number of dinners prepared in kitchens during the year ended 31st December, 1965, was 17,800,618.

Weekly tickets were purchased by pupils requiring dinners in schools at the following prices :—

For 5 meals per week—4s. 9d. for the first child of a family, 4s. 4d. for the second and 3s. 11d. for the third and subsequent children ; equivalent prices for 6 dinners were 5s. 7d., 5s. 2d., and 4s. 9d. Remission rates of 3s. 11d., 3s., 2s., or 1s. (based on family income) were charged for a ticket valid for 6 dinners per week, the price being the same for each member of the family.

In schools for handicapped children the prices were 1s. 10d. and 2s. 1d. for 5 and 6 dinners respectively, or at remission for 6 dinners of 2s. and 1s.

On Saturdays and holidays, meals were supplied to children entitled to free meals and to children who held tickets purchased at partial remission rates. In addition to this, during holidays only, meals were supplied to children holding purchased tickets at normal prices and whose parents were unable to make suitable arrangments to provide a midday meal.

(*c*) Special Diets.

The following table shows the numbers of children provided with special diets on the authority of the School Health Service.

Type of Diet	Primary Schools		Secondary Schools		Special Schools and Occupational Centres	
	Boys	Girls	Boys	Girls	Boys	Girls
Coeliac	12	14	—	1	5	3
Weight reducing	1	9	1	4	3	3
Non-greasy	—	—	—	1	—	—
Diabetic	5	5	5	8	1	2
Lawrence line	2	1	—	—	—	—
Phenylketonuria	—	—	—	—	2	1
Free from eggs, cheese and sugar	—	1	—	—	—	—
Free from fish and eggs ...	—	—	—	1	—	—
Free from fish, egg and banana	—	—	1	—	—	—
Free from milk puddings ...	—	2	—	—	—	—
Fat free	—	—	—	—	1	1
Low fat—high protein ...	—	1	—	—	—	—
Starch free	—	—	—	—	1	—
No egg or tomato	—	—	—	—	1	—
	20	33	7	15	14	10
Totals	53		22		24	

(*d*) Footwear and Clothing.

During the year 1st January to 31st December, 1965, 2,858 children were provided with footwear and clothing as compared with 2,287 during the previous twelve months. The undertaking given by the National Assistance Board to accept responsibility for the clothing needs of children of their dependents continued satisfactorily.

(*e*) Milk Supplied to School Children.

All milk supplied to schools under the Milk in Schools Scheme was Tuberculin Tested (Pasteurised).

The total number of milk rations during the year ended 31st December, 1965, was 37,020,930. The most recent census figures showed that 95·30 per cent. of the children present in school on a particular day in January, 1965, were taking school milk compared with 96·19 per cent. in May, 1964, and 96·53 per cent. in September, 1963.

Food inspectors of the Department took 149 samples of milk for examination and of that number, 6 failed to pass the coliform test. The average composition of samples was satisfactory at 3 66 per cent. milk fat and 8·99 per cent. non-fatty solids. Of 42 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

Mr. W. Tinto, Superintendent of Physical Training, supplies the following note.

" With the expansion of the scope of Physical Education along the lines of the Robbins and Newsom reports, pupils are now finding new attraction and stimulation in the appeal of outdoor activities. One of the main functions of the Physical Education Department during the next few years will be to ensure that as many teachers as possible have the knowledge to take charge of such activities in school and to create or to increase the facilities and accommodation and apparatus required for such activities especially in view of the increased demand which will come with the raising of the school leaving age. With this end in view several courses were introduced during 1965, the first of their kind in Glasgow. Teachers of all types were invited to take part in a course of introduction to Rock Climbing in the gymnasium of Langside College where special equipment had been installed for that purpose and a fair number attended a twenty-hour course spread over ten weeks. A second course introduced about 80 teachers to Dinghy Sailing in Hogganfield Loch during the Easter vacation and on Saturdays during the summer term.

With regard to the extension of facilities, the four new games halls are constantly in use and tennis clubs in particular have derived considerable value from this type of extensive outdoor accommodation. The games halls have also been the centres of indoor athletics training courses during the winter and they have been used for lecture demonstration purposes to audiences of more than 500. The need for such centres will increase and the Education Committee have plans in preparation. But while plans for man-made constructions are possible, there is a limit to the natural resources in the City unless the Bishop Loch could be rendered suitable for sailing. Preparation for skiing also could be facilitated if an artificial ski slope could be constructed in one of the City parks.

With the raising of the school leaving age in 1970 and the increased leisure time of this age of automation, more such facilities will be required, and serious thought will need to be given to the problems of creation of sufficient personnel to instruct young people in the elementary technique of these activities which may be their engrossing interest after leaving school and to the other problem of integrating these activities in the normal school curriculum.

In the primary school, the success of the swimming courses and the enthusiasm shown by teachers and pupils who are sharing in that excellent health giving activity have justified the experiment of introducing swimming to the primary schools through the medium of their own teachers. The success of this activity and of the netball courses, hockey and athletics, are ample evidence of the fact that there are few activities in the secondary school which cannot be initiated successfully in the primary where the expulsive power of these new interests merges with the youthful energy to give excellent promise of later development."

DENTAL INSPECTION AND TREATMENT.

Mr. M. L. H. Davies, Chief Dental Officer, supplies the following summarised comments on the work during the year.

Productivity.

The true assessment of dental productivity in a salaried service is shown by the work done per treatment session, this allows for such things as absence through illness and variations in the number of staff.

Fillings per treatment session show an increase of over five per cent. on last year's figures. The ratio of fillings to extractions also showed an improvement.

Staffing.

The general feeling of uncertainty among many general dental practitioners has helped to ensure that, despite changes, our staff has been maintained nearly up to establishment during the year.

ADVANCED CONSERVATIVE WORK.

The large increase in the number of crowns and gold inlays indicates that a policy of encouraging this very necessary aspect of our service is producing results. These crowns and inlays have been used to preserve front teeth which would have otherwise been lost.

EMERGENCY CASES.

In accordance with a new instruction, issued by the Scottish Home and Health Department, from August " emergency cases " are now only those attending for relief of pain. According to previous instructions this category included all children who attended from other than a routine dental inspection. The figures given therefore are based partly on one definition and partly on the other.

ORTHODONTICS.

During the year orthodontic work has been undertaken in Stuart Laidlaw Clinic in addition to the regular sessions done at Sandy Road Clinic and the full-time orthodontic clinic at Glenbarr Street Clinic.

DENTAL HEALTH EDUCATION

As a follow-up to our major 1964 Campaign, a modified dental health month was held in March, 1965. During this period talks were given by our four dental auxiliaries to all 5, 12, 13 and 14-year-olds, a total of about 75,000 children.

The " Happy Smile" Club was run for the new intakes of 5-year-old children, with badges for those who successfully completed tooth-cleaning record cards. 23,000 children were involved in the Club.

For the remaining age-groups who were fully covered in 1964, 50 large display stands were circulated round all primary schools, remaining four days in each school. These stands held dental health posters and also carried a competition the theme of which was " Whose smile is this "; the children were asked to identify eight photo reproductions of " pop " stars' smiles and to write a suitable slogan. The competition attracted 30,000 entries and the 21 best were rewarded with transistor radios or watches.

A small exhibition was held in a City store. This lasted for two weeks and displayed dental health material and illustrated the various aspects of our School Dental Service with photographic enlargement and samples of our work. A three-minute-long film was made specially in one of our clinics and was shown continuously on a back projection unit.

Three thousand posters were displayed on public transport vehicles; posters were also displayed on hoardings and by Nationalised Industries, Government Departments, commercial and industrial organisations and hospitals. To gain additional publicity a visit to a school by Apple Annie, a visiting national Apple Queen was arranged.

It has been found that after these campaigns the children know all the rules of dental health and that they do, in fact, show an over-all improvement in oral hygiene and eating habits. But in order to establish the permanent change in daily routine, which is necessary to produce a significant reduction in dental caries, repeated encouragement and persuasion will be required both of the child and also of the parent who is guilty of causing the gross caries which results from providing food in bed at night, a mid-morning playtime snack or money for the school tuck-shop.

VARIOUS ACTIVITIES.

Courses for Medical Staff.

One member of the full-time staff completed the Public Health Course and received the Diploma of Public Health.

During the year four medical officers attended the Course at Glasgow University on Mental Deficiency, and three attended the Introduction to Psychiatry Course.

One medical officer was present in Manchester during the early part of the year on a one week's Seminar on Audiology.

Mr. Iain Simpson, Consultant at the Victoria Infirmary, very generously arranged a Course on Diseases of the Ear, Nose and Throat, on Tuesday evenings from January to April. This was fully appreciated by the staff and was well attended. The Medical Staff was invited to attend the wards at the Infirmary on Saturday mornings and many took advantage of this opportunity. The subject was systematically dealt with and the approach was very practical and designed to suit the needs of the school medical officer. Many of Mr. Simpson's colleagues took part in this venture which was fully supported by Mr. Brown Kelly, Senior Surgeon of the Unit. The Course concluded with lecture/demonstrations on Audiology arranged by Mr. A. Bain, Consultant in the Ear, Nose and Throat Hospital, aptly assisted by Dr. Margaret Dunn, a School Medical Officer, who is particularly interested in this topic.

In October, Dr. William Wilson, Consultant Ophthalmologist at the Ophthalmic Institute and Consultant to the School Health Service, organised a series of six lecture/demonstrations at his Unit. These again took place on Tuesday evenings, and were well supported and appreciated by the School Health Service Staff. Many of Dr. William Wilson's colleagues took part.

In November and December, through the assistance of the Director of Education and the Principal of Jordanhill College of Education, a short series of lectures on Teaching Methods took place. This Course was open to school medical officers and health visitors, and proved of immense value to the staff in health education teaching. Particular thanks are given to Mr. Rendall and Mr. Bell of Jordanhill College for the excellence of their lectures.

Guthrie Test for Phenylketonuria (P.K.U.)—A Survey of Special Schools and Occupational Centres in Glasgow.

Laboratory facilities for the Guthrie Test having become available in Glasgow, we were invited by the Director of the Stobhill Hospital Bacteriology Department to take part in a general survey for phenylketonuria in the population showing mental handicap. Our particular part in this investigation was to test young persons coming within the control of our own Department and attending special schools and occupational centres within the City. Arrangements were made with the Professor of Paediatrics of the University for further follow up of cases discovered during the survey.

Before commencing the survey six cases of phenylketonuria were known in persons attending special schools and occupational centres. The survey revealed five new cases and another case was discovered incidentally in an older married sister of one of the five.

Full details of the survey and findings were published in *The Medical Officer*—Drs. T. S. Wilson, M. P. Menzies, and J. Scott, Volume 115, page 171.

The Keystone School Vision Screening Test—A Review of Visual Abnormalities Found Following a Survey of Four Schools in Glasgow.

A high proportion of visual defects has been found in the four schools tested. The wastage rate in the ordinary schools is very high. This is accounted for both by parental apathy and the unwillingness of the children to wear glasses.

A comparison of eye defect, particularly of the amount of strabismus in the approved school and ordinary school population has been inconclusive.

Full details of the survey were published in *The Medical Officer*—Drs. T. S. Wilson and M. P. Menzies, Volume 115, page 46.

SANITARY CONDITION OF SCHOOLS.

Section 19 (5) of the Education (Scotland) Act, 1962, states :—

> " *With a view to securing that the premises, furnishing and equipment of schools . . . under the management of an education authority are maintained in such condition as to contribute to the good health of the pupils, it shall be the duty of an education authority to cause their medical officers as part of their ordinary work from time to time to inspect and to report to them upon the said premises and equipment, and in making the said inspections, the medical officers shall have special regard to the lighting, heating and ventilation, and to the sanitary arrangements.*"

In accordance with the above instruction, School Medical Officers visit the various schools (including residential and nursery schools) in the course of the year and any defects found are reported to the appropriate Department for the necessary action to be taken. On the occasion of each visit to a school the Officer also takes the opportunity of interviewing the Head Teacher and class teachers for the purpose of discussing with them the health and well-being of their pupils and giving advice in particular cases.

During the year 183 visits were paid to 178 schools for the purpose of general inspection. In the same period 70 visits were made to 70 kitchens and dining halls where meals for school children were prepared and served.

STATISTICAL APPENDIX.

TABLE I—TOTAL NUMBER OF CHILDREN EXAMINED.

(*a*) SYSTEMATIC EXAMINATIONS.

Nursery	1,739
Entrants	18,034
13-year-olds	15,849
16-year-olds	2,864
Others	1,146
Special Schools and Classes—	
physically handicapped	166
mentally handicapped	479

(*b*) OTHER EXAMINATIONS.

Nursery (special and re-inspection cases)	2,569
Vision testing (9-year-olds)	11,447
Vision testing (Keystone apparatus)	6,266
Special Cases (non-routines)	27,006
Re-inspections (cases " at risk ")	17,236
Leaving Interviews	8,083
Examinations regarding mental defect	2,516
Discharges in Special Schools and Classes	65
Audiometric Survey (by audiometricians)	14,709
Applicants for Licences under Byelaws	475
Adult Employees of Corporation	1,793
Holidays Abroad, Educational Excursions, Camps	13,286
Residential School Examinations	5,555
Pre-Vocational Students	1,623
Remand Home Examinations	4,912
Cleanliness Inspections (by nurses)	180,235

TABLE II—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN DURING YEAR ENDED 31st DECEMBER, 1965.

	Boys		Girls	
	Height	Weight	Height	Weigh
5 *years* 4 *months*	(ins.)	(lbs.)	(ins.)	(lbs.)
Number examined	8,765		8,480	
Average measurements ...	42·79	42·61	42·42	41·26
13 *years* 5 *months*				
Number examined	6,281		7,174	
Average measurements ...	59·98	96·06	60·26	101·47
16 *years*				
Average age (in months beyond year of age) ...	5·87		6·15	
Number examined	1,339		899	
Average measurements ...	67·65	136·79	63·50	123·72

TABLE IIa—SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS.

An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded—any minor defects in the same section are ignored in this table. " Sections " are indicated by the horizontal lines across the columns, and the section totals give the numbers of individual children having at least one defect in that section.

Age Groups		Entrants		13-year-olds		16-year-olds		All ages		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Number examined		9,143	8,891	7,560	8,289	1,658	1,206	18,985	18,908	37,893
Nature of defects found										
1. CLOTHING UNSATISFACTORY	Insufficient	(0·1)	2 (0·02)	18 (0·2)	1 (0·01)	—	—	24 (0·1)	4 (0·02)	28 (0·1)
	Ragged ...	2 (0·02)	1 (0·01)	2 (0·03)	—	—	—	4 (0·02)	1 (0·01)	5 (0·01)
	Dirty ...	10 (0·1)	13 (0·1)	12 (0·2)	37 (0·4)	—	1	22 (0·1)	52 (0·3)	64 (0·2)
Totals		18 (0·2)	16 (0·2)	32 (0·4)	38 (0·5)	—	1 (0·1)	50 (0·3)	57 (0·3)	107 (0·3)
2. FOOTGEAR UNSATISFACTORY	Unsatisfactory	6 (0·1)	5 (0·1)	77 (1·0)	59 (0·7)	1 (0·1)	4 (0·3)	85 (0·4)	69 (0·4)	154 (0·4)
	None ...	—	—	—	—	—	—	—	—	—
Totals		6 (0·1)	5 (0·1)	77 (1·0)	59 (0·7)	1 (0·1)	4 (0·3)	85 (0·4)	69 (0·4)	154 (0·4)
3. UNCLEANLINESS (a) *Head*	Dirty ...	2 (0·02)	1 (0·01)	—	1 (0·01)	—	—	2 (0·01)	2 (0·01)	4 (0·01)
	Nits ...	323 (3·5)	879 (9·9)	314 (4·2)	990 (11·9)	—	2 (0·2)	652 (3·4)	1,933 (10·2)	2,585 (6·8)
	Verminous	17 (0·2)	9 (0·1)	23 (0·3)	10 (0·1)	—	—	40 (0·2)	20 (0·1)	60 (0·2)
(b) Body	Dirty ...	9 (0·1)	11 (0·1)	35 (0·5)	30 (0·4)	2 (0·1)	—	50 (0·3)	44 (0·2)	94 (0·2)
	Verminous	6 (0·1)	3 (0·03)	5 (0·1)	2 (0·02)	—	—	11 (0·1)	5 (0·03)	16 (0·04)
Totals		357 (3·9)	903 (10·2)	377 (5·0)	1,033 (12·5)	2 (0·1)	2 (0·2)	755 (4·0)	2,004 (10·6)	2,759 (7·3)

4. SKIN (a) *Head*	Ringworm ...	—	—	1 (*0·01*)	1 (*0·01*)	—	—	1 (*0·01*)	1 (*0·01*)	2 (*0·01*)
	Impetigo ...	17 (*0·2*)	10 (*0·1*)	2 (*0·03*)	2 (*0·02*)	1 (*0·1*)	—	22 (*0·1*)	12 (*0·1*)	34 (*0·1*)
	Injuries ...	9 (*0·1*)	8 (*0·1*)	3 (*0·04*)	3 (*0·04*)	—	—	12 (*0·1*)	12 (*0·1*)	24 (*0·1*)
	Others ...	51 (*0·6*)	51 (*0·6*)	76 (*1·0*)	95 (*1·1*)	46 (*2·8*)	18 (*1·5*)	175 (*0·9*)	167 (*0·9*)	342 (*0·9*)
(b) *Body*	Ringworm ...	2 (*0·02*)	—	—	—	—	—	3 (*0·01*)	—	3 (*0·01*)
	Impetigo ...	11 (*0·1*)	3 (*0·03*)	3 (*0·04*)	3 (*0·04*)	—	—	14 (*0·1*)	6 (*0·03*)	20 (*0·1*)
	Scabies ...	13 (*0·1*)	15 (*0·2*)	4 (*0·1*)	9 (*0·1*)	—	—	19 (*0·1*)	28 (*0·1*)	47 (*0·1*)
	Injuries ...	14 (*0·2*)	15 (*0·2*)	10 (*0·1*)	6 (*0·1*)	1 (*0·1*)	—	25 (*0·1*)	21 (*0·1*)	46 (*0·1*)
	Others ...	307 (*3·4*)	253 (*2·8*)	222 (*2·9*)	258 (*3·1*)	77 (*4·6*)	58 (*4·8*)	633 (*3·3*)	579 (*3·1*)	1,212 (*3·2*)
Totals		424 (*4·6*)	355 (*4·0*)	321 (*4·2*)	377 (*4·5*)	125 (*7·5*)	76 (*6·3*)	904 (*4·8*)	826 (*4·4*)	1,730 (*4·6*)
5. NUTRITION	Slightly defective	198 (*2·2*)	248 (*2·8*)	71 (*0·9*)	101 (*1·2*)	—	1 (*0·1*)	278 (*1·5*)	355 (*1·9*)	633 (*1·7*)
	Bad	1 (*0·01*)	6 (*0·1*)	2 (*0·03*)	5 (*0·1*)	—	—	3 (*0·01*)	11 (*0·1*)	14 (*0·04*)
Totals		199 (*2·2*)	254 (*2·9*)	73 (*1·0*)	106 (*1·3*)	—	1 (*0·1*)	281 (*1·5*)	366 (*1·9*)	647 (*1·7*)
6. MOUTH AND TEETH UNHEALTHY		109 (*1·2*)	108 (*1·2*)	61 (*0·8*)	68 (*0·8*)	13 (*0·8*)	6 (*0·5*)	185 (*1·0*)	186 (*1·0*)	371 (*1·0*)

TABLE IIa—*Continued*

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
7. NASO PHARYNX									
(a) *Nose*									
Obstruction—for observation	95 (*1·0*)	67 (*0·8*)	17 (*0·2*)	9 (*0·1*)	1 (*0·1*)	—	114 (*0·6*)	79 (*0·4*)	193 (*0·5*)
Obstruction for operation ...	31 (*0·3*)	15 (*0·2*)	2 (*0·03*)	4 (*0·1*)	—	—	33 (*0·2*)	20 (*0·1*)	53 (*0·1*)
Catarrh	152 (*1·7*)	116 (*1·3*)	39 (*0·5*)	35 (*0·4*)	7 (*0·4*)	1 (*0·1*)	204 (*1·1*)	152 (*0·8*)	356 (*0·9*)
Other conditions	24 (*0·3*)	11 (*0·1*)	24 (*0·3*)	14 (*0·2*)	5 (*0·3*)	—	53 (*0·3*)	26 (*0·1*)	79 (*0·2*)
(b) *Throat*									
Tonsils—for observation ...	603 (*6·6*)	562 (*6·3*)	86 (*1·1*)	113 (*1·4*)	6 (*0·4*)	7 (*0·6*)	709 (*3·7*)	696 (*3·7*)	1,405 (*3·7*)
Tonsils—for operation ...	164 (*1·8*)	156 (*1·8*)	10 (*0·1*)	25 (*0·3*)	1 (*0.1*)	2 (*0·2*)	177 (*0·9*)	184 (*1·0*)	361 (*1·0*)
Other conditions	10 (*0·1*)	27 (*0·3*)	14 (*0·2*)	12 (*0·1*)	1 (*0·1*)	—	26 (*0·1*)	39 (*0·2*)	65 (*0·2*)
(c) *Glands*									
For observation	79 (*0·9*)	53 (*0·6*)	17 (*0·2*)	9 (*0·1*)	—	—	96 (*0·5*)	64 (*0·3*)	160 (*0·4*)
For operation	—	—	—	1 (*0·01*)	—	—	—	1 (*0·01*)	1 (*0·003*)
Totals	1,158 (*12·7*)	1,007 (*11·3*)	209 (*2·8*)	222 (*2·7*)	21 (*1·3*)	10 (*0·8*)	1,412 (*7·4*)	1,261 (*6·7*)	2,673 (*7·1*)
8. EYES									
(a) *External Diseases*									
Blepharitis	88 (*1·0*)	76 (*0·9*)	94 (*1·2*)	91 (*1·1*)	9 (*0·5*)	2 (*0·2*)	195 (*1·0*)	175 (*0·9*)	370 (*1·0*)
Conjunctivitis	4 (*0·04*)	6 (*0·1*)	4 (*0·1*)	3 (*0·04*)	1 (*0·1*)	1 (*0·1*)	9 (*0·04*)	10 (*0·1*)	19 (*0·1*)
Corneal opacities	1 (*0·01*)	3 (*0·03*)	3 (*0·04*)	3 (*0·04*)	—	—	4 (*0·02*)	6 (*0·03*)	10 (*0·03*)
Strabismus	317 (*3·5*)	304 (*3·4*)	98 (*1·3*)	96 (*1·2*)	5 (*0·3*)	2 (*0·2*)	436 (*2·3*)	415 (*2·2*)	851 (*2·2*)
Other diseases	20 (*0·2*)	17 (*0·2*)	15 (*0·2*)	14 (*0·2*)	—	—	38 (*0·2*)	33 (*0·2*)	71 (*0·2*)
Totals	430 (*4·7*)	406 (*4·6*)	214 (*2·8*)	207 (*2·5*)	15 (*0·9*)	5 (*0·4*)	682 (*3·6*)	639 (*3·4*)	1,321 (*3·5*)

8. EYES									
(b) *Visual acuity (Snellen)**									
Fair, 6/9 or 6/12	342 *(3·8)*	327 *(3·7)*	624 *(8·3)*	794 *(9·6)*	163 *(9·8)*	86 *(7·1)*	1,185 *(6·2)*	1,265 *(6·7)*	2,450 *(6·5)*
Bad, 6/18 or worse	15 *(0·2)*	18 *(0·2)*	214 *(2·8)*	261 *(3·1)*	58 *(3·5)*	29 *(2·4)*	298 *(1·6)*	318 *(1·7)*	616 *(1·6)*
Totals	357 *(4·0)*	345 *(3·9)*	838 *(11·1)*	1,055 *(12·7)*	221 *(13·3)*	115 *(9·5)*	1,483 *(7·8)*	1,583 *(8·4)*	3,066 *(8·1)*
Recommended for Refraction	156 *(1·7)*	151 *(1·7)*	297 *(3·9)*	320 *(3·9)*	57 *(3·4)*	18 *(1·5)*	538 *(2·8)*	514 *(2·7)*	1,052 *(2·8)*
Recommended for Re-test ...	41 *(0·4)*	37 *(0·4)*	120 *(1·6)*	143 *(1·7)*	17 *(1·0)*	10 *(0·8)*	188 *(1·0)*	205 *(1·1)*	393 *(1·0)*
Totals	197 *(2·2)*	188 *(2·1)*	417 *(5·5)*	463 *(5·6)*	74 *(4·5)*	28 *(2·3)*	726 *(3·8)*	719 *(3·8)*	1,445 *(3·8)*
(c) *Colour vision abnormality*	63 *(0·7)*	15 *(0·2)*	245 *(3·2)*	14 *(0·2)*	64 *(3·9)*	—	400 *(2·1)*	30 *(0·2)*	430 *(1·1)*
9. EARS									
(a) *Diseases*									
Otorrhoea	73 *(0·8)*	59 *(0·7)*	39 *(0·5)*	30 *(0·4)*	1 *(0·1)*	2 *(0·2)*	115 *(0·2)*	94 *(0·5)*	209 *(0·6)*
Other diseases	19 *(0·2)*	40 *(0·4)*	10 *(0·1)*	14 *(0·2)*	—	1 *(0·1)*	31 *(0·2)*	57 *(0·3)*	88 *(0·2)*
(b) *Defective hearing*									
Grade I—For ordinary class	54 *(0·6)*	64 *(0·7)*	38 *(0·5)*	29 *(0·3)*	7 *(0·4)*	1 *(0·1)*	104 *(0·5)*	95 *(0·5)*	199 *(0·5)*
„ IIa—for front seat ...	7 *(0·1)*	7 *(0·1)*	11 *(0·1)*	13 *(0·2)*	5 *(0·3)*	—	23 *(0·1)*	20 *(0·1)*	43 *(0·1)*
„ IIb—For class for semi-deaf	2 *(0·02)*	—	—	—	1 *(0·1)*	—	3 *(0·01)*	—	3 *(0·01)*
„ III—For Deaf class ...	—	1 *(0·01)*	—	—	—	—	—	1 *(0·01)*	1 *(0·003)*
Totals	155 *(1·7)*	171 *(1·9)*	98 *(1·3)*	86 *(1·0)*	14 *(0·8)*	4 *(0·3)*	276 *(1·5)*	267 *(1·4)*	543 *(1·4)*

* The record of defective vision applies to the better eye and is *with spectacles if worn at examination.* Entrants were examined by the " E " test and other age-groups by the Snellen test. The percentages relate to 37,767 children—126 cases fewer than the total number seen at routine medical inspection.

TABLE IIa—*Continued*

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
10. SPEECH									
Defective articulation ...	201 (2·2)	103 (1·2)	15 (0·2)	10 (0·1)	3 (0·2)	2 (0·2)	220 (1·2)	115 (0·6)	335 (0·9)
Stammering	15 (0·2)	6 (0·1)	17 (0·2)	2 (0·02)	4 (0·2)	—	40 (0·2)	8 (0·04)	48 (0·1)
Totals	216 (2·4)	109 (1·2)	32 (0·4)	12 (0·1)	7 (0·4)	2 (0·2)	260 (1·4)	123 (0·7)	383 (1·0)
11. MENTAL AND NERVOUS CONDITION									
Backward	15 (0·2)	5 (0·1)	1 (0·01)	2 (0·02)	—	—	17 (0·1)	7 (0·04)	24 (0·1)
Dull	6 (0·1)	4 (0·04)	1 (0·01)	—	—	—	8 (0·04)	5 (0·03)	13 (0·03)
Mentally handicapped (educable)	1 (0·01)	1 (0·01)	—	—	—	—	1 (0·01)	2 (0·01)	3 (0·01)
,, ,, (ineducable)	—	—	—	—	—	—	—	—	—
Highly nervous	51 (0·6)	45 (0·5)	13 (0·2)	24 (0·3)	—	1 (0·1)	69 (0·4)	70 (0·4)	139 (0·4)
Difficult in behaviour ...	45 (0·5)	35 (0·4)	5 (0·1)	1 (0·01)	—	—	55 (0·3)	37 (0·2)	92 (0·2)
Epilepsy (Mild)	17 (0·2)	16 (0·2)	13 (0·2)	9 (0·1)	1 (0·1)	4 (0·3)	33 (0·2)	29 (0·2)	62 (0·2)
,, (Severe)	2 (0·02)	—	1 (0·01)	2 (0·02)	—	—	5 (0·03)	2 (0·01)	7 (0·02)
Totals	137 (1·5)	106 (1·2)	34 (0·4)	38 (0·5)	1 (0·1)	5 (0·4)	188 (1·0)	152 (0·8)	340 (0·9)
12. CIRCULATORY SYSTEM									
(*a*) *Organic Heart Disease*									
Congenital	39 (0·4)	38 (0·4)	18 (0·2)	9 (0·1)	1 (0·1)	3 (0·2)	61 (0·3)	53 (0·3)	114 (0·3)
Acquired	3 (0·03)	4 (0·04)	5 (0·1)	9 (0·1)	—	1 (0·1)	10 (0·1)	14 (0·1)	24 (0·1)
(*b*) *Functional Conditions* ...	255 (2·8)	234 (2·6)	65 (0·9)	77 (0·9)	8 (0·5)	8 (0·7)	335 (1·8)	324 (1·7)	659 (1·7)
Totals	297 (3·2)	276 (3·1)	88 (1·2)	95 (1·1)	9 (0·5)	12 (1·0)	406 (2·1)	391 (2·1)	797 (2·1)

13. LUNGS Chronic Bronchitis	32 *(0·3)*	12 *(0·1)*	9 *(0·1)*	8 *(0·1)*	—	—	41 *(0·2)*	20 *(0·1)*	61 *(0·2)*
Suspected Tuberculosis ...	4 *(0·04)*	2 *(0·02)*	18 *(0·2)*	15 *(0·2)*	1 *(0·1)*	—	23 *(0·1)*	17 *(0·1)*	40 *(0·1)*
Catarrh	348 *(3·8)*	276 *(3·1)*	90 *(1·2)*	52 *(0·6)*	3 *(0·2)*	1 *(0·1)*	451 *(2·4)*	334 *(1·8)*	785 *(2·1)*
Other diseases	40 *(0·4)*	23 *(0·3)*	29 *(0·4)*	14 *(0·2)*	1 *(0·1)*	1 *(0·1)*	71 *(0·4)*	39 *(0·2)*	110 *(0·3)*
Totals	424 *(4·6)*	313 *(3·5)*	146 *(1·9)*	89 *(1·1)*	5 *(0·3)*	2 *(0·2)*	586 *(3·1)*	410 *(2·2)*	996 *(2·6)*
14. DEFORMITIES (*a*) Congenital	109 *(1·2)*	88 *(1·0)*	37 *(0·5)*	32 *(0·4)*	12 *(0·7)*	4 *(0·3)*	171 *(0·9)*	131 *(0·7)*	302 *(0·8)*
(*b*) Acquired Infantile Paralysis	2 *(0·02)*	4 *(0·04)*	12 *(0·2)*	9 *(0·1)*	2 *(0·1)*	3 *(0·2)*	16 *(0·1)*	17 *(0·1)*	33 *(0·1)*
Probable Rickets	13 *(0·1)*	11 *(0·1)*	9 *(0·1)*	3 *(0·04)*	1 *(0·1)*	—	24 *(0·1)*	15 *(0·1)*	39 *(0·1)*
Cerebral Palsy	4 *(0·04)*	6 *(0·1)*	3 *(0·04)*	3 *(0·04)*	—	—	8 *(0·04)*	9 *(0·1)*	17 *(0·04)*
Other causes	247 *(2·7)*	165 *(1·9)*	162 *(2·1)*	211 *(2·5)*	49 *(3·0)*	27 *(2·2)*	498 *(2·6)*	426 *(2·3)*	924 *(2·4)*
Totals	375 *(4·1)*	274 *(3·1)*	223 *(2·9)*	258 *(3·1)*	64 *(3·9)*	34 *(2·8)*	717 *(3·8)*	598 *(3·2)*	1,315 *(3·5)*
15. INFECTIOUS DISEASES	5 *(0·1)*	6 *(0·1)*	1 *(0·01)*	—	—	—	6 *(0·03)*	6 *(0·03)*	12 *(0·03)*
16. ASTHMA	65 *(0·7)*	36 *(0·4)*	49 *(0·6)*	31 *(0·4)*	11 *(0·7)*	2 *(0·2)*	35 *(0·2)*	70 *(0·4)*	105 *(0·3)*
17. DIABETES	4 *(0·04)*	—	3 *(0·04)*	4 *(0·1)*	—	—	8 *(0·04)*	4 *(0·02)*	12 *(0·03)*
18. OTHER DISEASES OR DEFECTS ...	514 *(5·6)*	486 *(5·5)*	219 *(2·9)*	311 *(3·8)*	26 *(1·6)*	49 *(4·1)*	800 *(4·2)*	871 *(4·6)*	1,671 *(4·4)*

Table IIb—ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS.

Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section. " Sections " are indicated by horizontal lines across the columns.

Age Groups		Entrants		13-year-olds		16-year-olds		All ages		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Parents present at examination ...		8,484 (*92·8*)	8,152 (*91·7*)	861 (*11·4*)	1,112 (*13·4*)	34 (*2·1*)	43 (*3·6*)	9,659 (*50·9*)	9,524 (*50·4*)	19,183 (*50·6*)
Children notified to parent as requiring treatment :—										
(*a*) Defects of clothing and/or cleanliness minor dental defect	Verbally	784 (*8·6*)	871 (*9·8*)	191 (*2·5*)	176 (*2·1*)	41 (*2·5*)	7 (*0·6*)	1,043 (*5·5*)	1,077 (*5·7*)	2,120 (*5·6*)
	By printed notice.	67 (*0·7*)	146 (*1·6*)	187 (*2·5*)	332 (*4·0*)	3 (*0·2*)	—	266 (*1·4*)	502 (*2·7*)	768 (*2·0*)
(*b*) Other defects	Verbally	1,691 (*18·5*)	1,514 (*17·0*)	685 (*9·1*)	769 (*9·3*)	147 (*8·9*)	83 (*6·9*)	2,631 (*13·9*)	2,421 (*12·8*)	5,052 (*13·3*)
	By printed notice.	543 (*5·9*)	581 (*6·5*)	567 (*7·5*)	551 (*6·6*)	37 (*2·2*)	18 (*1·5*)	1,195 (*6·3*)	1,187 (*6·3*)	2,382 (*6·3*)
Children noted for re-inspection :—										
(*a*) Defects of clothing, etc. (as above)		757 (*8·3*)	909 (*10·2*)	520 (*6·9*)	690 (*8·3*)	26 (*1·6*)	7 (*0·6*)	1,344 (*7·1*)	1,659 (*8·8*)	3,003 (*7·9*)
(*b*) Other defects		2,565 (*28·1*)	2,380 (*26·8*)	1,647 (*21·8*)	1,833 (*22·1*)	265 (*16·0*)	170 (*4·1*)	4,680 (*24·7*)	4,512 (*23·0*)	9,192 (*24·3*)
Children excluded from attendance at school		15 (*0·2*)	19 (*0·2*)	3 (*0·04*)	8 (*0·1*)	—	—	21 (*0·1*)	31 (*0·2*)	52 (*0·1*)
Children " free from defects " in terms of Table III :—										
(*a*) No recorded defect		3,458 (*37·8*)	3,492 (*39·3*)	5,032 (*66·6*)	5,036 (*60·8*)	1,179 (*71·1*)	900 (*74·6*)	9,991 (*52·6*)	9,698 (*51·3*)	19,689 (*52·0*)
(*b*) Defects of clothing only ...		4 (*0·04*)	1 (*0·01*)	27 (*0·4*)	18 (*0·2*)	—	2 (*0·2*)	31 (*0·2*)	21 (*0·1*)	52 (*0·1*)
(*c*) Defects of cleanliness only ...		92 (*1·0*)	256 (*2·9*)	244 (*3·2*)	657 (*7·9*)	1 (*0·1*)	1 (*0·1*)	347 (*1·8*)	948 (*5·0*)	1,295 (*3·4*)
(*d*) Minor dental defect with or without clothing and/or cleanliness defect(s)		1,821 (*19·9*)	1,843 (*20·7*)	115 (*1·5*)	80 (*1·0*)	14 (*0·8*)	9 (*0·7*)	2,005 (*10·6*)	1,983 (*10·5*)	3,988 (*10·5*)

Teeth—		Sound	5,767 (63·1)	5,587 (62·8)	5,995 (79·3)	6,799 (82·0)	1,459 (88·0)	1,122 (93·0)	13,688 (72·1)	13,895 (73·5)	27,583 (72·8)
		One to four decayed	2,708 (29·6)	2,698 (30·3)	1,462 (19·3)	1,393 (16·8)	178 (10·7)	77 (6·4)	4,493 (23·7)	4,289 (22·7)	8,782 (23·2)
		Five or more decayed	668 (7·3)	606 (6·8)	103 (1·4)	97 (1·2)	21 (1·3)	7 (0·6)	804 (4·2)	724 (3·8)	1,528 (4·0)
Visual acuity :—											
Children who wore glasses at examination	With glasses—	Good, 6/6 ...	188 (2·1)	221 (2·5)	609 (8·1)	823 (9·9)	324 (19·5)	309 (25·6)	1,159 (6·1)	1,377 (7·3)	2,536 (6·7)
		Fair, 6/9, 6/12	28 (0·3)	20 (0·2)	163 (2·2)	263 (3·2)	71 (4·3)	47 (3·9)	278 (1·5)	350 (1·9)	628 (1·7)
		Bad, 6/18, etc.	1 (0·01)	2 (0·02)	25 (0·3)	58 (0·7)	13 (0·8)	14 (1·2)	43 (0·2)	74 (0·4)	117 (0·3)
	Without glasses	Good, 6/6 ...	162 (1·8)	185 (2·1)	223 (3·0)	309 (3·7)	73 (4·4)	101 (8·4)	473 (2·5)	600 (3·2)	1,073 (2·8)
		Fair, 6/9, 6/12	40 (0·4)	50 (0·6)	184 (2·4)	243 (2·9)	68 (4·1)	66 (5·5)	308 (1·6)	373 (2·0)	681 (1·8)
		Bad, 6/18, etc.	15 (0·2)	8 (0·1)	390 (5·2)	592 (7·1)	267 (16·1)	203 (16·8)	699 (3·7)	828 (4·4)	1,527 (4·0)
Children not wearing glasses at examination		Good, 6/6 ...	8,553 (94·0)	8,249 (93·6)	6,112 (80·9)	6,408 (77·3)	1,113 (67·1)	781 (64·8)	16,297 (86·0)	15,868 (84·3)	32,165 (85·2)
		Fair, 6/9, 6/12	314 (3·5)	307 (3·5)	461 (6·1)	531 (6·4)	92 (5·5)	39 (3·2)	907 (4·8)	915 (4·9)	1,822 (4·8)
		Bad, 6/18, etc.	14 (0·2)	16 (0·2)	189 (2·5)	203 (2·4)	45 (2·7)	15 (1·2)	255 (1·3)	244 (1·3)	499 (1·3)
Diphtheria Immunisation		Partial	208 (2·3)	229 (2·6)	47 (0·6)	70 (0·8)	9 (0·5)	11 (0·9)	271 (1·4)	323 (1·7)	594 (1·6)
		Completed ...	6,090 (66·6)	5,974 (67·2)	7,251 (95·9)	7,963 (96·1)	1,621 (97·8)	1,147 (95·1)	15,464 (81·5)	15,499 (82·0)	30,963 (81·7)
		Not immunised	2,845 (31·1)	2,688 (30·2)	262 (3·5)	256 (3·1)	28 (1·7)	48 (4·0)	3,250 (17·1)	3,086 (16·3)	6,336 (16·7)
Smallpox Vaccination		Successful vaccination ...	4,745 (51·9)	4,725 (53·1)	4,134 (54·7)	4,473 (54·0)	1,342 (80·9)	987 (81·8)	10,655 (56·1)	10,483 (55·4)	21,138 (55·8)
		Successful re-vaccination	5 (0·1)	6 (0·1)	8 (0·1)	8 (0·1)	2 (0·1)	2 (0·2)	16 (0·1)	20 (0·1)	36 (0·1)
		Unsuccessful or no vaccination	4,393 (48·0)	4,160 (46·8)	3,418 (45·2)	3,808 (45·9)	314 (18·9)	217 (18·0)	8,314 (43·8)	8,405 (44·5)	16,719 (44·1)

TABLE III—SYSTEMATIC MEDICAL EXAMINATION OF ACCORDING TO REMEDIABILITY OF THE MAJOR

CLASSIFICATION	NO. OF CHILDREN EACH GROUP (AND		
	Entrants		
	Boys	Girls	Total
I. Children free from defects	5,375 (*58·8*)	5,592 (*62·9*)	10,967 (*60·8*)
II. Children (otherwise free from defects) who suffer from—			
(*a*) Defective vision not worse than 6/12 in the better eye with or without glasses ; or	195 (*2·1*)	180 (*2·0*)	375 (*2·1*)
(*b*) Oral Sepsis	75 (*0·8*)	73 (*0·8*)	148 (*0·8*)
(*c*) Both (*a*) and (*b*)	3 (*0·03*)	3 (*0·03*)	6 (*0·03*)
Totals	273 (*3·0*)	256 (*2·9*)	529 (*2·9*)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,644 (*18·0*)	1,493 (*16·8*)	3,137 (*17·4*)
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—			
(*a*) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible	1,332 (*14·6*)	1,106 (*12·4*)	2,438 (*13·5*)
(*b*) Where improvement only is considered possible, *e.g.*, without complete restoration of function	505 (*5·5*)	435 (*4·9*)	940 (*5·2*)
Totals	1,837 (*20·1*)	1,541 (*17·3*)	3,378 (*18·7*)
V. Children suffering from defects from which improvement is not considered possible	14 (*0·2*)	9 (*0·1*)	23 (*0·1*)
Total numbers of children examined ...	9,143	8,891	18,034

* Includes 1,146 children

CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION DEFECTS FOUND IN THE INDIVIDUAL CHILD.

EXAMINED IN PERCENTAGES).						No. OF CHILDREN EXAMINED (AND PERCENTAGES).		
13-year-olds			16-year-olds			*All ages Totals		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
5,418 (*71·7*)	5,791 (*69·9*)	11,209 (*70·7*)	1,194 (*72·0*)	912 (*75·6*)	2,106 (*73·5*)	12,374 (*65·2*)	12,650 (*66·9*)	25,024 (*66·0*)
492 (*6·5*)	646 (*7·8*)	1,138 (*7·2*)	136 (*8·2*)	73 (*6·1*)	209 (*7·3*)	855 (*4·5*)	942 (*5·0*)	1,797 (*4·7*)
44 (*0·6*)	49 (*0·6*)	93 (*0·6*)	10 (*0·6*)	5 (*0·4*)	15 (*0·5*)	130 (*0·7*)	128 (*0·7*)	258 (*0·7*)
4 (*0·1*)	10 (*0·1*)	14 (*0·1*)	2 (*0·1*)	1 (*0·1*)	3 (*0·1*)	10 (*0·1*)	15 (*0·1*)	25 (*0·1*)
540 (*7·1*)	705 (*8·5*)	1,245 (*7·9*)	148 (*8·9*)	79 (*6·6*)	227 (*7·9*)	995 (*5·2*)	1,085 (*5·7*)	2,080 (*5·5*)
777 (*10·3*)	891 (*10·7*)	1,668 (*10·5*)	167 (*10·1*)	111 (*9·2*)	278 (*9·7*)	2,652 (*14·0*)	2,553 (*13·5*)	5,205 (*13·7*)
494 (*6·5*)	605 (*7·3*)	1,099 (*6·9*)	73 (*4·4*)	66 (*5·5*)	139 (*4·8*)	1,986 (*10·5*)	1,811 (*9·6*)	3,797 (*10·0*)
321 (*4·2*)	277 (*3·3*)	598 (*3·8*)	72 (*4·3*)	36 (*3·0*)	108 (*3·8*)	948 (*5·0*)	773 (*4·1*)	1,721 (*4·5*)
815 (*10·8*)	882 (*10·6*)	1,697 (*10·7*)	145 (*8·7*)	102 (*8·5*)	247 (*8·6*)	2,934 (*15·5*)	2,584 (*13·7*)	5,518 (*14·6*)
10 (*0·1*)	20 (*0·2*)	30 (*0·2*)	4 (*0·2*)	2 (*0·2*)	6 (*0·2*)	30 (*0·2*)	36 (*0·2*)	66 (*0·2*)
7,560	8,289	15,849	1,658	1,206	2,864	18,985	18,908	37,893

outwith normal Age Groups.

TABLE IV—SOCIAL GROUP AND MEDICAL REMEDIABILITY CLASS.

By analysing the information obtained at systematic medical inspection it is possible to show the comparative health conditions of children belonging to each of the so-called Social Groups. In the following table, therefore, the occupations of the parents have been arranged in five groups and related to the medical remediability classifications of Table III.

Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical (" Remediability ") Classes arranged according to Social Group of Parent.

Social Group of Parent	1		2		3		4		5		Totals	
	Professional		Clerical		Skilled		Semi-skilled		Labouring			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Children free from defects (other than clothing, cleanliness or minor dental defects)	538	70·9	3,408	70·5	7,279	67·8	8,884	66·0	4,915	60·6	25,024	66·0
II. Children suffering only from slightly defective vision and/or oral sepsis	44	5·8	273	5·7	522	4·9	740	5·5	501	6·2	2,080	5·5
III. Children suffering from temporary defects (other than in II) ...	65	8·5	539	11·1	1,418	13·2	1,853	13·8	1,330	16·4	5,205	13·7
IV. Children suffering from curable or improvable defects	110	14·5	607	12·6	1,486	13·9	1,972	14·6	1,341	16·5	5,516	14·6
V. Children suffering from defects not considered improvable	2	0·3	6	0·1	23	0·2	14	0·1	23	0·3	68	0·2
Total Numbers of Children Examined	759	100·0	4,833	100·0	10,728	100·0	13,463	100·0	8,110	100·0	37,893	100·0

Perusal of the statistics in the table reveals the following :—

(1) The percentage of children free from defects (Class I) was greatest for Social Group 1 (Professional) and diminished progressively for each of the remaining groups.

(2) Percentages in Classes III and IV increased more or less consistently from Social Group 1 to 5.

TABLE V—SUMMARISED TREATMENT STATISTICS.

	Cases	Attendances
EAR—		
Examined only	621	15,305
Clinic treatment	1,627	
Aurists' Examinations	1,257	1,257
Aurists' Classifications	15	15
Audiometric Survey	1,173	1,173
EYE	1,445	9,665
SKIN—		
Clinic treatment	12,653	113,273
Cleansing clinics	461	1,099
Scabies baths	705	2,923
DEFECTIVE VISION—		
Clinic treatment	8,877	8,877
Spectacles supplied	4,507	5,856
EAR, NOSE AND THROAT—		
Aurists' Examinations	291	291
Tonsil/Adenoid operations	528	1,724
ORTHOPAEDIC—		
Examined only	1,977	1,977
Treated by exercises	952	16,177
Treated in Spastic Unit	43	5,646
OTHER DISEASES—		
General	7,417	19,732
Supply of medicines	3,964	12,998
Artificial Light	531	8,370
Cardiac cases	154	329

	Cases	Attendances
DENTAL—		
Ordinary	19,268	50,975
Orthodontic	169	4,370
REMAND HOMES	494	494
DEFECTIVE SPEECH	2,363	29,684
OCCUPATIONAL THERAPY	39	3,145

TABLE VI—DENTAL INSPECTION AND TREATMENT.

(1) GENERAL STATISTICS.

	Number of Children seen at Routine Dental Inspection						Special and Emergency Cases
Age in years	Number Inspected	With Dental Defects	Offered Treatment	Accepting Treatment	Treated	Made Dentally fit	Number Treated
3 or under ...	17	1	—	—	26	19	110
4	25	12	9	4	57	33	198
Totals 0-4 years ...	42	13	9	4	83	52	308
5	5,297	4,091	3,954	1,747	1,330	511	522
6	6,248	5,083	4,765	2,214	1,925	858	559
7	6,150	5,088	4,871	2,021	1,824	864	566
8	5,750	4,791	4,586	1,869	1,980	1,002	667
9	5,566	4,440	4,209	1,708	1,699	931	609
10	5,178	4,076	3,831	1,396	1,553	864	638
11	5,041	3,789	3,547	1,245	1,320	744	565
12	1,283	1,014	1,022	371	746	405	599
13	31	22	22	21	375	237	617
14	88	64	64	62	328	209	535
15	73	46	46	46	82	61	154
16	3	1	1	1	16	16	38
17 or over	—	—	—	—	7	6	16
Total 5-17 + years	40,708	32,505	30,918	12,701	*13,185	6,708	6,083

No. of attendances for treatment : 0-4 years, 688 ; 5-17 years, 50,287 ; total, 50,975

* Includes 1,325 treated by Dental Auxiliaries.

(2) DETAILS OF TREATMENT.

	Routine	Special and Emergency	Total
Fillings—permanent teeth	18,394	4,596	22,990
—deciduous teeth	4,951	503	5,454
Extractions (not incl. orthodontic)—			
—permanent teeth	2,116	1,586	3,702
—deciduous teeth	9,436	3,147	12,583
Administrations of general anaesthetic ...	563	128	691
Other operations—permanent teeth ...	9,734	3,527	13,261
—deciduous teeth ...	6,201	1,541	7,742
Dentures—partial	—	—	198
—full	—	—	5
Repairs to dentures	—	—	25
Radiographs—number of exposures (not incl. orthodontic)—			
intra-oral	—	—	309
extra-oral	—	—	21

(3) ORTHODONTIC TREATMENT.

Cases from previous year, 304 ; new cases, 169 ; cases completed, 122 ; cases discontinued, 26 ; cases continuing at end of year, 325 ; attendances for treatment, 4,370.

Diagnostic examinations, 185 ; cases treated—with removable appliances, 895, with fixed appliances, nil ; repairs to appliances, 45 ; radiographs—intra-oral, 95 ; extra-oral, nil.

(4) ALLOCATION OF TIME.

	Dental Surgeons	Dental Auxiliaries	Total
Estimated number of half-days occupied in—			
routine inspection	233·5	—	233·5
treatment (other than orthodontic)	6,333·0	1,081·0	7,414·0
orthodontic treatment	546·0	—	546·0
maternity and child welfare	284·5	—	284·5
dental health education	106·0	774·0	880·0
administration (including investigation and report on fluoridation)	334·0	—	334·0
absence due to illness	442·0	20·0	462·0
supervising auxiliaries	62·5	—	62·5
courses, leave of absence, other inspections, etc.	162·0	—	162·0

(5) ADDITIONAL INFORMATION.

Fillings of permanent teeth included 24 crowns, 23 gold inlays and 19 root treatments.

TABLE VII—MORTALITY OF SCHOOL CHILDREN.

Deaths during Year ended 31st December, 1965,
of Children aged 5-15 years.

Cause of Death	5-10 years		10-15 years		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Violence—							
Motor vehicle accidents	9	5	5	1	14	6	20
Other violent causes	8	2	3	3	11	5	16
Malignant Neoplasms	1	1	1	3	2	4	6
Benign and Unspecified Neoplasms	—	2	1	—	1	2	3
Congenital Malformations	1	3	1	1	2	4	6
Epilepsy	1	2	—	—	1	2	3
Other diseases of Nervous System—							
Cerebral haemorrhage, angiomatous malformation	—	—	1	—	1	—	1
Broncho-pneumonia, status epilepticus, cerebral palsy	—	1	—	—	—	1	1
Polyneuritis	1	—	—	—	1	—	1
Brain abscess, pyogenic meningitis, Fallot's tetralogy	1	—	—	—	1	—	1
Encephalitis, 8 days	1	—	—	—	1	—	1
Pneumonia	3	—	—	—	3	—	3
Bronchitis	—	1	—	—	—	1	1
Other Respiratory Diseases—							
Acute pulmonary congestion	1	—	1	—	2	—	2
Diseases of the Heart—							
Myocarditis due to infection with Coxsackie B virus	—	1	—	—	—	1	1
Cardiac arrest, acute myocarditis	—	—	1	—	1	—	1
Tuberculous Diseases—							
Pulmonary haemorrhage, miliary tuberculosis ...	1	—	—	—	1	—	1
Nephritis and Nephrosis	—	1	—	1	—	2	2
Intestinal Obstruction	—	—	1	—	—	1	1
All other Diseases—							
Diabetes insipidus, malignant teratoma of optic chiasma	—	—	1	—	1	—	1
Chronic asthma and emphysema	—	—	—	1	—	1	1
Renal failure, De Toni Franconi Lignac syndrome (cystinosis)	1	—	—	—	1	—	1
Totals	29	19	16	10	45	29	74

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